FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

222976

(3)

79TH STREET CORP

Principal Place of Business

Mailing Address

1529 ALGARDI AVENUE CORAL GABLES FL 33146

535 VITTORIO AVENUE CORAL GABLES FL 33146



		3. Date Incorporated or Qualified 3a. Date of Last Report 01/19/1995					
2. Principal f	Place of Business	2a. Mailing Address 26			4. FEI Number 59-0939172		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc		5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zipi I	Country 25	7 _{(P}	Country 30	/	8. This corporation has liability for in Florida Statutes Yes		der s. 199.032,
	9. Name and Address of Curre	nt Registered Agent	81	T Name	10. Name and Address of New Re	gistered Ager	t
	T, DAVID A., ESQ.		82		ress (P.O. Box Number is Not Acceptable	e)	
ONE ALHAMBRA PLAZA SUITE 1450 CORAL GABLES FL 33134			83	- The state of the			
			84	City		FI 85	Zip Code
1. Pursuant	Lta the provisions of Sections 607.050	2 and 607 1508. Florida Cont.	tee the stroug	named cores	ration submits this statement for the purp	<u> </u>	<u> </u>
familiar v SIGNATURE	with, and accept the obligations of, Soc	tion bur.usus, Florida Statute	Olt: Registe ed Ages		rd of directors. I hereby accept the appo	ntment as regis	iered agent. I am
2.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
PH.	PD	DELETE	1 1 TITLE			Ch	
AME	BATISTA, F. R.		1.2 NAME				
IRECT ADDRESS			13.818661	223900A			
TY-ST ZIP	CORAL GABLES FL						
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ΛM:	VALDESPINO, AURORA		2 2 NAME			Ch.	ange 🔲 Addition
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		□ receit	3 . 1111.6			☐ Ch	ange 🗀 Addition
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HELL ADDRESS			3 THEF	T ADDRESS			
TY - ST - ZIF	CORAL GABLES FL		3. IY-S	31 - ZiP			
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ME	PONSDOMENECH, MIRTA		4 OME				
HELL' ADDRESS			4 HEET	AULHESS			
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ſ.F		DELETE	5 (1) E			☐ Cha	inge 🔲 Addition
^A Mc			5 AME				
REET ADORESS			5 PREET	ADDRESS			
IY SI ZP			5 HTY-S	T - ZIP			
LF		☐ DELFTE	6 HILE			☐ Chá	nge Addition
SM:			6-VAME				
RELI ADDRESS			6 STREET	ACHURESS			
HY-ST ZiP			€ CiTY-S	1			
4. Ldo here	by certify that the information supplied	with this filing is voluntarily fur	nished and doe	s not qualify for	or the exemption stated in Section 119.0	7(3)(k), Florida S	tatutes. I further
ceruly that oath, that	at the information Indicated on this ann	ual report or supplemental ann gration or the receiver or truste	nual report is tru so empowered t	ie and accura	te and that my signature shall have the s s report as required by Chapter 607, Flor	ages local offers	and if annual according

SIGNATURE: PROBATISTA

Jamay 19, 1996 305-665-89/1