PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

(4)

Corporation No	ENT # 52849 Guez grove services							
rincipal Place of Business P.O. BOX 432495 SOUTH MIAMI FL 33243		Mailing Address P.O. BOX 432495 SOUTH MIAMI FL 33243						
					3. Date locorporated or Qualified 02/24/1977	3a. Dat	04/11/1	995
. Principal Place	e of Business	2a. Mailing Address			4. FEI Number 1724834		L	applied For Not Applicable
		26						Additional
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee F	Required
City & State		City & State			6. Election Campaign Financing		T - · ·	May Be I to Fees
		28	Count		Trust Fund Contribution 8. This corporation has liability for			
Zip	Country	Zip 29	Count	ry	Florida Statutes	es ∐No		
<u>.</u>	9. Name and Address of Curre				10. Name and Address of New	Registered	i Agent	
	9. 100110		8	Name				
RODRIGUEZ, DIEGO 6890 SUNSET DR			ā	32 Street Ack	dress (P.O. Box Number is Not Accept	able)		
			<u> </u>	33				
S MIAM	AI FL 33143		•	53				01-
				B4 City		F	l i	p Code
or registere familiar with	ed agent, or both, in the State of Flo n, and accept the obligations of, Se	orida. Such change was authoriz ection 607.0505, Florida Statutes	red by the co s.	orporation's bo	oration submits this statement for the pard of directors. I hereby accept the ap	opointment :	as registered	
GNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NC ND DIRECTORS	OTE: Registered A	agent signature requ	pard of directors. I hereby accept the all controls are when renotating additional controls. ADDITIONS/CHANGES TO C	DATE		ORS IN 12
GNATURE	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable (NC	OTE: Registered A	Agent signature requ	med when reinstating)	DATE	ND DIRECTO	ORS IN 12
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I do hereby certify that the information supplied with this impact of the certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made of the certify that it has a notificer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: -

Pero . 4/3/96 305-668-1499

CR2E034 (12/95)