FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J04797** **(3)**

1. Corporation Name

MANZO SOUTHEAST, INC.

Principal Place of Business

1599 SW 30TH AVE #7
BOYNTON BEACH FL 33426

Mailing Address

1599 SW 30TH AVE #7
BOYNTON BEACH FL 33426

3. Date Incorporated or Qualified: **03/19/1986**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2650342**

Applied For / Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

TERRY L. EVANS
2845 HELM CT.
#306
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Accepted)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above-named corporation consents to the designation of the registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	LA CAVA, ISABELLA	
STREET ADDRESS	1599 SW 30TH AVE #7	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	V	[ ] DELETE
NAME	LA CAVA, JOHN	
STREET ADDRESS	1599 SW 30TH AVE #7	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	T	[ ] DELETE
NAME	EVANS, TERRY L	
STREET ADDRESS	1599 SW 30 AVENUE, #7	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE		[ ] Change [ ] Add
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE		[ ] Change [ ] Add
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE		[ ] Change [ ] Add
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		[ ] Change [ ] Add
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		[ ] Change [ ] Add
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		[ ] Change [ ] Add
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is true, accurate and complete. I further certify that the information indicated on this report or supplemental attachment to report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer 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 added to the report.

SIGNATURE: Isabella La Cava ISABELLA LACAVA 4/15/96 (407)-738-5330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)