PROFIT CORPORATION ANNUAL REPORT 1996			DA DEPARTMEN Sandra B. Mort Secretary of S ON OF CORPOR	ham tale			
DOCUME		1					
1. Corporation Name  Aldo Lastra 3850 S.W.  Miami, Flo		ra Jr., P. 87th Aven orida 3316 Mailing Address	ue, Sui 5		New Address: 13015 S.W. 89th Place Suite 218 Miami, Florida 33176		
	ni, Florida		ille 210		3. Date Incorporated or Qualifie 5 / 18 / 89		st Report 4/95
2. Principal Place of Business		2a. Mailing Addre	2a. Mailing Address		4. FEI Number 65-0120095	-	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State			Election Campalgn Financi     Trust Fund Contribution	ng 🔲	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	30	untry	8. This corporation has liability Florida Statutes	y for intangible tax u Yes No	inder s. 199.032,
	Name and Address of Cur	rent Registered Agent		81 Name	10. Name and Address of New	Registered Agent	<u> </u>
Aldo Lastra Jr. 13015 S.W. 89th Miami, Florida 3		h Place, St			ess (P.O. Box Number is Not Acc	eptable)	
		33176				FL 85	Zip Code
1. Pursuant to the p	1 1 0 - 4 007 0			<del></del>			
office or registere agent. I am famili SIGNATURE	ed agent, or both, in the Sta iar with, and accept the obl ature, typed or printed name of	te of Florida. Such chan- igations of, Section 607. registered agent and title if:	ge was authorize 0505, Florida Sta	od by the corporation atutes.  (NOTE: Registered A	oration submits this statement for in's board of directors. I hereby a gent signature required when reinstat	ing) DATE	ent as registered
office or registere agent. I am famili SIGNATURE Signa 12.	ed agent, or both, in the Sta iar with, and accept the obl ature, typed or printed name of OFFICER	te of Florida. Such chan, igations of, Section 607. registered agent and title if.	ge was authorize 0505, Florida Sta	ed by the corporation atutes.	n's board of directors. I hereby a	ing) DATE	ent as registered
office or registere agent. I am famili SIGNATURESigna 12.  TITLE	ed agent, or both, in the Sta iar with, and accept the obl ature, typed or printed name of OFFICER: Director Aldo Lastra 13015 S.W. 8	te of Florida. Such chan igations of, Section 607. registered agent and bitle if: S AND DIRECTORS  It Jr. 9th Place,	ge was authorize 0505, Florida Sta applicable DELETE	od by the corporation at utes.  (NOTE: Registered A	pent signature required when reinstat  ADDITIONS/CHANGES TO	officers and D	ent as registered
office or registere agent. I am famili SIGNATURE Signa 12.  OTILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	ad agent, or both, in the Statiar with, and accept the oblasture, typed or printed name of OFFICER:  Director Aldo Lastra	te of Florida. Such chan igations of, Section 607. registered agent and bitle if: S AND DIRECTORS  Jr. 9th Place,	ge was authorize 0505, Florida Sta applicable DELETE	Moter Registered A  13. 1.1 TITLE 1.2 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	n's board of directors. I hereby a gent signature required when reinstat ADDITIONS/CHANGES TO	officers and D	ent as registered
Office or registere agent. I am famili SIGNATURE  12.  ITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS	ed agent, or both, in the Sta iar with, and accept the obl ature, typed or printed name of OFFICER: Director Aldo Lastra 13015 S.W. 8	te of Florida. Such chan igations of, Section 607. registered agent and bite if S AND DIRECTORS  Jr. 9th Place, 3176	ge was authorize 0505, Florida Sta applicable DELETE St. 21	Moter Registered A  13. 1.1 TITLE 1.2 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	gent signature required when reinstat ADDITIONS/CHANGES TO	org) DATE OFFICERS AND D	IRECTORS IN 12  Ige Addition
Office or registere agent. I am familis SIGNATURE  2.  ITLE IAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	ed agent, or both, in the Sta iar with, and accept the obl ature, typed or printed name of OFFICER: Director Aldo Lastra 13015 S.W. 8	te of Florida. Such chan igations of, Section 607. registered agent and bite if S AND DIRECTORS  Jr. 9th Place, 3176	ge was authorize 0505, Florida Sta applicable DELETE St. 21 DELETE	Moter Registered A  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	gent signature required when reinstat ADDITIONS/CHANGES TO	OFFICERS AND D Chan	IRECTORS IN 12  Ige Addition  Inge Addition  Inge Addition  Inge Addition
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