

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Jul 30 1996 8:00 am  
Secretary of State

**DOCUMENT # L12461 (4)**  
1. Corporation Name  
**LICENSE CORP. NO. 1**



Principal Place of Business Mailing Address  
**C/O CHARLES MATTHEW FERNANDEZ  
2960 CORAL WAY  
MIAMI FL 33145**

3. Date Incorporated or Qualified **08/30/1989** 3a. Date of Last Report **04/14/1995**  
4. FEI Number **65-0154903** 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 **2828 CORAL WAY** 2a. Mailing Address **2828 CORAL WAY**  
21. Suite, Apt. #, etc. Suite, Apt. #, etc.  
22. City & State **MIAMI, FL** 27. City & State **MIAMI, FL**  
23. Zip **33145** Country Country Zip **33145** 30. Country

9. Name and Address of Current Registered Agent **FERNANDEZ, CHARLES MATTHEW  
2960 CORAL WAY  
MIAMI FL 33145**  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code **33145**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering.) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, CHARLES M.</b>	
STREET ADDRESS	<b>2960 CORAL WAY</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SUAREZ, AMANCIO V.</b>	
STREET ADDRESS	<b>2960 CORAL WAY</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SURAEZ, AMANCIO J.</b>	
STREET ADDRESS	<b>2960 CORAL WAY</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>D,C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Cecil Heftel</b>	
1.3 STREET ADDRESS	<b>6767 W. TROPICANA AVE, #102</b>	
1.4 CITY - ST - ZIP	<b>Las Vegas, NV, 89103</b>	
2.1 TITLE	<b>D,P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Carl Parmer</b>	
2.3 STREET ADDRESS	<b>6767 W. Tropicana Ave, #102</b>	
2.4 CITY - ST - ZIP	<b>Las Vegas, NV. 89103</b>	
3.1 TITLE	<b>V,S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>John T. Kendrick</b>	
3.3 STREET ADDRESS	<b>6767 W. TROPICANA AVE, #102</b>	
3.4 CITY - ST - ZIP	<b>Las Vegas, NV. 89103</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John Kendrick* *John Kendrick* 7/18/96 (102) 367-3322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)