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 # M56615

(1)

	IBA RECORDS DISTRIBU					
Principal Place of Business 550 WEST 84TH ST. HIALEAH FL 33014		Mailing Address 550 WEST 84TH ST. HIALEAH FL 33014				
					3. Date Incorporated or Qualified 08/03/1987	3a. Date of Last Report 07/13/1995
2. Principal Place of Business		2a. Mailing Address	<u></u>		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.		65-0054746	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23] Zip	Country	26]	Count	rv	Trust Fund Contribution	Auded to Fees
24	25	29	30	у		r intangible tax under s. 199.032, es. ☐ No
	9. Name and Address of Curre				10. Name and Address of New	
			8	1 Name		
GARCIA, CARLOS O			8	2 Street	Address (P.O. Box Number is Not Accept	able)
550 WEST 84TH ST. HIALEAH FL 33014			9	3		
HIALEA	IT FL 33014					
			8	4 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	02 and 607,1508, Florida State	ites, the above	e-named c	orporation submits this statement for the p	urnose of changing its registered office
familiar with	id agenit, or both, in the State of Fig i, and accept the obligations <mark>of, S</mark> e	inga. Such change was author ction 607.0505, Florida Statuti	izea by the co as.	rporation's	board of directors. I hereby accept the ap	pointment as registered agent. I am
SIGNATURE					·	
	Number of registered agr	int and tife if applicable (I ND DIRECTORS		ont signature	required when renstating)	DATE
12.	\$	DELETE	13.	F	ADDITIONS/CHANGES TO DE	FICERS AND DIRECTORS IN 12
NAM:	SAIZ, ARTURO J	C pecers	1.2 NAM			E custife El vigorion
STREET ADDRESS	1137 ABBOTT BLVD			ET ADDRESS		
City St. ZIP	FT LEE NJ 07024		1.4 C(TY	-ST-ZIP		
TITEF	PD	☐ DELETE	2. 1 TITL	F		Change Addition
NAME	GARCIA, CARLOS O.		2 2 NAM	E		
STREET ADDRESS	550 WEST 84TH ST.		2 3 STR6	ET ADDRESS		
CHY-S1-ZIE	HIALEAH FL 33014	FIGURE	2 4 CITY			
TILE	varona, hector j	DELETE	3. 1 T(T),			Change Addition
NAME STREET ADDRESS	1019 PALISADE AVE		3.2 NAM			
CITY - ST - ZIP	FT LEE NJ 07024		3.5 SIN	EET ADDRESS		
TITLE		DELETE	4.1 1(1)			Change Addition
NAME			4.2 NAM	Ε		
STREET ADDRESS			4.3 STRE	E1 ADDRESS		
CHY SI ZIP		<u>-</u>	4.4 CITY	- ST- ZIP		
117LE		☐ DEFE1E	5 17/ILE			Change Addition
NAME STICKE ADDRESS			5.2 NAM			
STHEE! ADDRESS				E1 ADDRESS		
TITLE		T) DELETE	5.4 C(TY 6.1 T(T)			☐ Change ☐ Addition
NAMS			62 NAM			T ALEMBR T VOOLEDIT
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZIP			6 4 CITY	- ST - ZIP		
14. Ldo hereby	certify that the information supplied	with this filing is voluntarily fu	rnished and do	es not qua	alify for the exemption stated in Section 11 courate and that my signature shall have the	9.07(3)(k). Florida Statutes. I further
oatn; that i	ani ari officer or director of the corp Block 12 or Block 13 if changed, or	poration or the receiver or trus	lee empowere	d to execu	te this report as required by Chapter 607,	Florida Statutes; and that my name

SIGNATURE: Arturo J. Saiz, Secretary 1-23-96 (201) 866-5188

R2E034 (12/95)