

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000026383 (8)**

1. Corporation Name  
**BEST IN TOWN SOUTH, INC.**



Principal Place of Business

Mailing Address

**3847 ENGLE ROAD  
LAKE WORTH FL 33461**

**3847 ENGLE ROAD  
LAKE WORTH FL 33461**

2. Principal Place of Business

2a. Mailing Address

21 | Suite, Apt. #, etc.

26 | Suite, Apt. #, etc.

22 | City & State

27 | City & State

23 | Zip | Country

28 | Zip | Country

24 | | 25 |

29 | | 30 |

9. Name and Address of Current Registered Agent

**MONTOYA, JORGE  
3847 ENGLE ROAD  
LAKE WORTH FL 33461**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

*Jorge Montoya*  
Signature of individual filing company or law firm name

**PRESIDENT**

DATE Registered Agent signature is on file with

**4/3/96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE [ ] DELETE

1.1 TITLE [ ] Change [x] Addition

NAME: **DP MONTOYA, JORGE**  
STREET ADDRESS: **3847 ENGLE RD.**  
CITY-ST-ZIP: **LAKE WORTH FL**

1.2 NAME: **V P ARGENTINA MONTOYA**  
1.3 STREET ADDRESS: **3847 ENGLE RD.**  
1.4 CITY-ST-ZIP: **LAKE WORTH FL 33461**

TITLE [ ] DELETE

2.1 TITLE [ ] Change [ ] Addition

NAME: [ ] DELETE

3.1 TITLE [ ] Change [ ] Addition

STREET ADDRESS: [ ] DELETE

3.2 NAME [ ] Change [ ] Addition

CITY-ST-ZIP: [ ] DELETE

3.3 STREET ADDRESS [ ] Change [ ] Addition

TITLE [ ] DELETE

4.1 TITLE [ ] Change [ ] Addition

NAME: [ ] DELETE

4.2 NAME [ ] Change [ ] Addition

STREET ADDRESS: [ ] DELETE

4.3 STREET ADDRESS [ ] Change [ ] Addition

CITY-ST-ZIP: [ ] DELETE

4.4 CITY-ST-ZIP [ ] Change [ ] Addition

TITLE [ ] DELETE

5.1 TITLE [ ] Change [ ] Addition

NAME: [ ] DELETE

5.2 NAME [ ] Change [ ] Addition

STREET ADDRESS: [ ] DELETE

5.3 STREET ADDRESS [ ] Change [ ] Addition

CITY-ST-ZIP: [ ] DELETE

5.4 CITY-ST-ZIP [ ] Change [ ] Addition

TITLE [ ] DELETE

6.1 TITLE [ ] Change [ ] Addition

NAME: [ ] DELETE

6.2 NAME [ ] Change [ ] Addition

STREET ADDRESS: [ ] DELETE

6.3 STREET ADDRESS [ ] Change [ ] Addition

CITY-ST-ZIP: [ ] DELETE

6.4 CITY-ST-ZIP [ ] Change [ ] Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jorge Montoya*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/96**  
DATE

**407 642 8619**  
EIN OR FEEL#

CR2E034 (12/95)