## FILE NOW: FILING FEE AFTER MAY 1 IS \$55000

CITY-ST-ZiP

appears in Block 12 or Block

**FILED** Feb 18 1997 8:00am **PROFIT** FLORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortlam ANNUAL REPORT Secretary of State Secretary et Sta DIVISION OF CORPORATIONS 1997 DOCUMENT # P93000032034 (9) CRUZAT, INC. Frincipal Place of Business Mailing Address BSIBS NW 6 LA APT 101 8585 NW 6 LA APT 101 MIAM! FL 33126 MIAMI FL 33126-3851 3. Date Incorporated or Qualified 3a. Date of Last Report 03/07/1996 04/29/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0401772 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Co Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CRUZAT, CARLOS 8585 NW 6 LA Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33126 83 84 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 Signature, typed or printed name of registered agent and the if applicable (NOTE, Ragistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE CRUZAT, CARLOS NAME 1.2 NAME 8585 NW 6 LA #101 SIREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33126 CIY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE tsd 21 TITLE Change Addition CRUZAT, HERMINDA 2.2 NAME 8585 NW 6 LA #101 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33126 C/TY - \$1 - Z(P) 2 4 CITY - ST - ZIP DELETE Change \_\_\_ Addition 3 1 TF LE 3.2 NAME NAME SIRRET ADDRESS 3.3 STREET ADDRESS CIY-SI-ZIP 3 4. CITY - ST - ZIP DELETE Addition Change THIE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CiTY - ST - ZIP DELETE TIFLE 5.1 THEE Change Addition 5.2 NAME STREET AUDRESS 5.3 STREET ADORESS CITY-ST-7IP 5.4 CITY - ST - ZIP 600002091316 -02/19/97--01005--040 DELETE THEE 6.1 TITLE Addition NoME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS \*\*\*165.00

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nd securate and that my signature shall have the same legal effect as if made under oath; that to execute his report as required by Chapter 607, Florida Statutes; and that my name

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14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information influented on this annual report or supplied entitle and the exemption of the exem

information indicated on this annual report or supplemental annual report is the and secur I am an officer or director of the corporation or the receiver or the see empowered to execu