

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000037647 (3)**

1. Corporation Name
IRINA, CORP.



Principal Place of Business: **1212 N STATE RD 7 HOLLYWOOD FL 33021**
Mailing Address: **1212 N STATE RD 7 HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **05/26/1993** 3a. Date of Last Report: **03/17/1995**
4. FEI Number: **65-0509797** 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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**GONZALEZ, IRVING J.
4431 SOUTHWEST 64 AVENUE
SUITE 112
DAVE FL 33314**

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

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VILARINO, ANTONIO	
STREET ADDRESS	1212 N STATE RD 7	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VILARINO, NILDA E.	
STREET ADDRESS	7100 SW 9TH ST	1212 N. ST RD 7
CITY - ST - ZIP	PEMBROKE PINES FL	HOLLYWOOD FL 33021
TITLE	S	<input type="checkbox"/> DELETE
NAME	VILARINO, IRINA	
STREET ADDRESS	7100 SW 9TH ST	1212 N. ST RD 7
CITY - ST - ZIP	PEMBROKE PINES FL	HOLLYWOOD FL 33021
TITLE	VILARINO, NILDA A	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS	1212 N. ST RD 7	OFFICER
CITY - ST - ZIP	HOLLYWOOD FL 33021	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: *A. Vilariño* DATE: **5/1/96** License Number: **954-961-1001**

CR2E034 (12/95)