

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000040491 (1)

1. Corporation Name

SWADE-CORPORATION

FILED

95 FEB -7 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

12206 S.W. 16TH TERRACE
NO. A-107
MIAMI FL 33175

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NO. A-107
MIAMI FL 33175

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

06/08/1993

03/24/1994

4. FEI Number

65-0421950

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

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LACAYO, DANILO
10788 S.W. 88TH ST.
APT. D-22
MIAMI FL 33176

81 Name LACAYO, DANILO

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

13225 S.W. 111TH TERRACE # 4

83

84 City MIAMI

FL

85 Zip Code 33186

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 date)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	LACAYO, DANILO
STREET ADDRESS	13225 S.W. 111 TERRACE 14
CITY - ST - ZIP	MIAMI FL 33186
TITLE	SD
NAME	DUARTE, MANUEL
STREET ADDRESS	860 S.W. 129TH PLACE #208
CITY - ST - ZIP	MIAMI FL 33184
TITLE	VD
NAME	FLORES, RONALD
STREET ADDRESS	10447 S.W. 108TH AVE. #E-268
CITY - ST - ZIP	MIAMI FL 33176
TITLE	TD
NAME	BASSET, YESEL
STREET ADDRESS	10262 S.W. FLAGLER TERRACE
CITY - ST - ZIP	MIAMI FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LACAYO, DANILO	
1.3 STREET ADDRESS	13225 S.W. 111 TERRACE # 4	
1.4 CITY - ST - ZIP	MIAMI, FL 33186	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DUARTE, MANUEL	
2.3 STREET ADDRESS	16920 S.W. 110 COURT	
2.4 CITY - ST - ZIP	MIAMI, FL 33184	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FLORES, RONALD	
3.3 STREET ADDRESS	430 GOLDEN ISLES DR # 705	
3.4 CITY - ST - ZIP	HALLANDALE, FL 33009	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BASSET, YESEL	
4.3 STREET ADDRESS	11050 S.W. 116 TERRACE	
4.4 CITY - ST - ZIP	MIAMI, FL 33157	
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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniilo Lacayo* DANILO LACAYO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-95 (305) 477-1224
DATE (Typed)