

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000056842 (6)**

1. Corporation Name
MUJICA INVESTMENTS, INC.



Principal Place of Business: **1062 E 25TH ST HIALEAH FL 33013**
Mailing Address: **2802 NW 15 STREET MIAMI FL 33125 US**

3. Date Incorporated or Qualified: **08/13/1993**
3a. Date of Last Report: **01/25/1995**

21. Principal Place of Business: **2802 NW 15 STREET**
Suite, Apt. #, etc.

2a. Mailing Address:
Suite, Apt. #, etc.

4. FEI Number: **65-0431310**
Applied For:
Not Applicable:

22. City: **MIAMI FL.**

27. City & State:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: **33125** County: **DADE**

28. Zip:
Country: **US**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. 9. Name and Address of Current Registered Agent

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

**ILTER, ODALYS J ESQ
3191 CORAL WAY
SUITE 406
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81. Name: **BERTA C. MUJICA**
82. Street Address (P.O. Box Number is Not Applicable): **2802 NW 15 STREET**
83.
84. City: **MIAMI FL** FL 85. Zip Code: **33125**

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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]* DATE: **1/13/96**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | MUJICA, BERTA C | |
| STREET ADDRESS | 2802 NW 15 ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | MUJICA, ALFREDO P | |
| STREET ADDRESS | 2802 NW 15 STREET | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | MUJICA, ELIZABETH | |
| STREET ADDRESS | 2802 NW 15 ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | MUJICA, GERARDO L | |
| STREET ADDRESS | 2802 NW 15 ST | |
| CITY-ST-ZIP | MIAMI FL | |
| 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, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/13/96** (305) 603-7395

CR2E034 (12/95)