SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



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Principal Place of Business Mailing Address								II OBALI ODDAL DI				
20022 N.W. 57TH PLACE 20022 N.W. 57TH PLACE MIAMI FL 33015 MIAMI FL 33015					E							
							3.	 Date Incorporated or Qualifier 01/19/1994 		ate of Last 5/01/19 :	,	
2. Principal F	Place of Busine	ess	2a. Mailin	g Address			4.	. FEI Number			Applied	
21			26					65-0460552			Vot App Additio	
Suite, Apt.	#, etc		27 Suite.	Apt. #, etc.			5	, Certificate of Status Desired			Required	
City & Sta	ite		City 8	State			6	. Election Campaign Financing		•	0 May E	
23			28		T			Trust Fund Contribution			d to Fee	
Zip 24	<u> </u>	Country 25	Zip		30 Cou	ritry	8	 This corporation has liability for Florida Statutes 	orintangibie X Yes	No No	S 199 L	132,
£4		and Address of Current		gent	17.71			. Name and Address of New	Registered	Agent		
	SITTERRE7	RAFAFI				81 Name	!					
Gutierrez, Rafael 20022 N.W. 57TH Place							Address ((P.O. Box Number is Not Accept	table)			
	MIAMI FL 330)15				83						
										Tagl 7	o Coda	
						84 City			FL	_	p Code	
11. Pursuani	It to the provision	ons of Sections 607.0502	2 and 607.1508	3, Florida Statul h change was i	tes, the ab	84 City	corporatio	on submits this statement for the	ourose of	chavoino	its regist	tered red
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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 angula 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 617. Florida Statutes, and that my name appears in Block 12 of Block 13 scopinged, or on an attachment with an address

GNATURE:

SCHATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

District Printed Statutes of the company of the compan SIGNATURE: SONATURE AND PED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR