

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000020626 (5)**

1. Corporation Name
AAA-1321 S.W. 107 AVE. TRAFFIC SCHOOL INC.



Principal Place of Business
**1321 S.W. 107 AVE.
213A
MIAMI FL 33174**

Mailing Address
**1321 S.W. 107 AVE.
213A
MIAMI FL 33174**

2. Previous Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified **03/17/1994** 3a. Date of Last Report **02/13/1995**

4. FEI Number **65-0494042** 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. 199.052, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MUNOZ, ALBERTO
440 E. 23 STREET
1316
HIALEAH FL 33013**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(8), 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. They do accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.06(5), Florida Statutes.

SIGNATURE _____ DATE _____
OFFICERS AND DIRECTORS _____ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP 4. TITLE NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP 7. TITLE NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP 10. TITLE NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP 13. TITLE NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP	1. TITLE 12 NAME 13 STREET ADDRESS 14 CITY, STATE, ZIP 2. TITLE 22 NAME 23 STREET ADDRESS 24 CITY, STATE, ZIP 3. TITLE 32 NAME 33 STREET ADDRESS 34 CITY, STATE, ZIP 4. TITLE 42 NAME 43 STREET ADDRESS 44 CITY, STATE, ZIP 5. TITLE 52 NAME 53 STREET ADDRESS 54 CITY, STATE, ZIP 6. TITLE 62 NAME 63 STREET ADDRESS 64 CITY, STATE, ZIP

14. I do hereby certify that the information supplied in 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 included 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 change, I, or my representative with an address _____

SIGNATURE: *Alberto Munoz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96 (305) 554-6220
DATE OF FILING

CR2E034 (12/95)