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

**PROFIT** CORPORATION **SANNUAL REPORT** 

1996



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

**DOCUMENT #** 

P94000060976 (5)

INDUPLUS, INC.

Propinal Place	of flusions	Mailing Address	<u>.</u>			
Principal Place of Business Mailing Address  1456 N.W. 78TH AVE.  MIAMI FL 33126  -UST  HS						
03		-03			3. Date incorporated or Qualified 08/15/1994	3a. Date of Last Report 03/02/1995
2. Principal Pla 21 744	ine of Business 11 n.w 8th St.	2a. Mailing Address 26 7441 h.	WA	Hst.	4. FEI Number 65-0514587	Applied For Not Applicable
Suite, Apt.#   22   Sen	`.} A	Suite, Apt. #, etc.	ite	<b>A</b> .	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	mi F1	City & State	· 0	7)	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
24 33	124 25 Dade.		Country 30	acle.	8. This corporation has flability for it Florida Statutes	□No
L	Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New R	egistered Agent
MORENO, JOSE					ess (P.O. Box Number is Not Acceptable	
9363 F	ONTAINEBLEAU BLVD.		82	<u> </u>	ass (F.O. Box Northber is Not Acceptable	e)
H-103	EL 22470		83			
MIAMI	FL 33172		84	City	*** ***********************************	FI 85 Zip Code
or registere	o the provisions of Sections 607,0502 ad agent, or both, in the State of Florid h, and accept the obligations of, Secti	a. Such change was authorized	the above- by the corp	named corpora coration's board	ation submits this statement for the purp d of directors. I hereby accept the appo	pose of changing its registered office bintment as registered agent. I am
ļ.,	Styncture, typical or printed name of registered agent a			nt signature required		DATE
<b>12.</b>   1016	OFFICERS AND		13.	<del></del>	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change Addition
NAME	MORENO, JOSE 98	14 D.W. 29+5 st.	1.2 NAME			
STREET ACCURESS	9363 FONTAINEBLEAU BLV		1.3 STREE	T ADDRESS		
CITY - ST - ZIP	MANIFE 33172	3317)	14 CITY-	ST-ZIP		
TiT.F	VP 987	In.w Jark C.	2 1 THILE			Change Addition
NAME	MORENO, ADOLFO	611-183-0 2 33172	2.2 NAME			
STHEFT ADDRESS   CIY ST ZIP	MIAMI-FE-99172	D.H-103	1	T ADDRESS		
TITLE		☐ DELETE	2 4 CHTY-	51 - ZIF		Change Addition
NAM.		_ <del>_</del>	3 2 NAME			years and board of the second
STREET ADORESS			33 STREE	T ADDRESS		
CHY ST ZIP		Flores	3 4 CITY-	ST-ZIP		
TILE NAME		☐ DELETE	4. 1 TITLE			Change Addition
STHELL ADDRESS			4 2 NAME	T ADDRESS		
CHY-SI-ZIF			4.4 CHTY-			
THUE			5 1 TITLE			Change Addition
NAME			5.2 NAMÉ			
STHEET ADDRESS			5 3 STREE	r address		j
CHY ST ZIP			5.4 CHY-	ST-ZIP		
THE.E		☐ DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STEEL ADORESS			63 STREE	T ADDRESS		ļ
Cr1 Y - 51 - ZiP			6.4 CHY-	ST · ZIP		

SIGNATURE: KIGNATURE

EO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 famula report or supplemental annual report is true and accurate and that my signature shell have the same legal effect as if made under oath; that I am an officer or director of this 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 that again, of on an attachment with an address. 01/22/96 (305)261-7900 Dayline Phone 1