

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 # **P94000080768 (2)**

1. Corporation Name:

FRUZCO FLORIDA CORPORATION



Principal Place of Business

19200 E ST ANDREWS DR
COUNTRY CLUB OF MIAMI ESTATES
MIAMI FL 33015

Mailing Address

19200 E ST ANDREWS DR
COUNTRY CLUB OF MIAMI ESTATES
MIAMI FL 33015

3. Date Incorporated or Qualified
11/03/1994

3a. Date of Last Report
11/13/1995

21. Principal Place of Business
12042 S.W. 88 ST.

2a. Mailing Address
12042 S.W. 88 ST.

4. FEI Number
65-0529645

Applied For
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

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

23. City & State
Miami, FL

28. City & State
Miami, FL

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

24. Zip
33186

25. Country
USA

29. Zip
33186

30. Country
U.S.A.

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORTIZ, SONIA
19200 E ST. ANDREWS DR.
COUNTRY CLUB OF MIAMI
MIAMI FL 33015

81. Name **ORTIZ, SONIA**
82. Street Address (P.O. Box Number is Not Acceptable)
12042 S.W. 88 ST.
83.
84. City **Miami** **FL** 85. Zip Code **33186**

11. Pursuant to the provisions of Sections 607.013 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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the corporation or its authorized representative

Signature of Registered Agent (signature required when registering)

DATE

1/23/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, SONIA	1.2 NAME	
STREET ADDRESS	19200 E ST ANDREWS DR COUNTRY CLUB OF MIAM	1.3 STREET ADDRESS	12042 S.W. 88 ST.
CITY- ST- ZIP	MIAMI FL 33015	1.4 CITY- ST- ZIP	Miami FL 33186
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATINO, MARTHA	2.2 NAME	
STREET ADDRESS	19200 E ST ANDREWS DR COUNTRY CLUB OF MIAM	2.3 STREET ADDRESS	12042 S.W. 88 ST.
CITY- ST- ZIP	MIAMI FL 33015	2.4 CITY- ST- ZIP	Miami FL 33186
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLORCA, SAMUEL	3.2 NAME	
STREET ADDRESS	19200 E ST ANDREWS DR COUNTRY CLUB OF MIAM	3.3 STREET ADDRESS	12042 S.W. 88 ST.
CITY- ST- ZIP	MIAMI FL 33015	3.4 CITY- ST- ZIP	Miami FL 33186
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 (305) 596-1234

CR2E034 (12/95)