

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000087877 (4)**

1. Corporation Name

**THE BEST CENTRAL DE COMPRAS, CORP.**



Principal Place of Business

168 S.E. 1 ST. SUITE 605  
MIAMI FL 33131

Mailing Address

168 S.E. 1 ST. SUITE 605  
MIAMI FL 33131

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**PEREIRA, JOSE L**  
168 S.E. 1 ST. SUITE 605  
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

12/02/1994

3a. Date of Last Report

07/24/1995

4. FET Number

65-0539306

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. 199.032, Florida Statutes



10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent for 1996, 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

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **PVST PEREIRA, JOSE L**  
STREET ADDRESS **168 S.E. 1 ST. SUITE 605**  
CITY-STATE-ZIP **MIAMI FL 33131**

TITLE  DELETE

NAME **D PEREIRA, JOSE L**  
STREET ADDRESS **168 S.E. 1 ST. SUITE 605**  
CITY-STATE-ZIP **MIAMI FL 33131**

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  Change  Addition

1.2 NAME  
1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP  Change  Addition

2.1 TITLE  
2.2 NAME

2.3 STREET ADDRESS  Change  Addition

2.4 CITY-STATE-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP  Change  Addition

4.1 TITLE  
4.2 NAME

4.3 STREET ADDRESS  Change  Addition

4.4 CITY-STATE-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP  Change  Addition

6.1 TITLE  
6.2 NAME

6.3 STREET ADDRESS  Change  Addition

6.4 CITY-STATE-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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTERED AGENT #

CR2E034 (12/95)