

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000046585 (2)**

1. Corporation Name
900 S.W. 4 STREET CORP.



Principal Place of Business: **2414 S.W. 8TH ST. MIAMI FL 33135**
Mailing Address: **2414 S.W. 8TH ST. MIAMI FL 33135**

3. Date Incorporated or Qualified: **06/15/1995**
3a. Date of Last Report
4. FCI Number: **APPLIED FOR**
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: Yes No

2. Principal 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

9. Name and Address of Current Registered Agent

**ARAZOZA & COMAS, P.A.
101 MADEIRA AVE.
CORAL GABLES FL**

10. Name and Address of New Registered Agent

81 Name: **Arazoza, Comas, de Torres & Fernandez-Fraga, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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 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 of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the officer or director of the corporation

Signature of the Registered Agent (if a registered agent is changing)

DATE

12. OFFICERS AND DIRECTORS		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST., ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST., ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST., ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	p	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Manuel A. Grande	
13 STREET ADDRESS	2720 SW 129th Ave	
14 CITY-ST-ZIP	Miami, FL 33175	
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Elia Grande	
23 STREET ADDRESS	2720 SW 129th Ave.	
24 CITY-ST-ZIP	Miami, FL 33175	
31 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Carlos M. Grande	
33 STREET ADDRESS	1037 Alfonso	
34 CITY-ST-ZIP	Coral Gables, FL 33146	
41 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Frank Grande	
43 STREET ADDRESS	2414 SW 8 St.	
44 CITY-ST-ZIP	Miami, FL 33135	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	500001721615	
54 CITY-ST-ZIP	-02/22/96 --01056--017	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS	***200.00	
64 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 or changed, or on an attachment with an address.

SIGNATURE: *Carlos Grande*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CARLOS GRANDE

01-18-96

305-642-4621

CR2E034 (12/95)