

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 # **P95000046600 (9)**

1. Corporation Name
1479 N.W. 5 STREET CORP.



Principal Place of Business
**2414 S.W. 8TH CT.
MIAMI FL 33135**

Mailing Address
**2414 S.W. 8TH CT.
MIAMI FL 33135**

3. Date incorporated or Qualified 06/15/1995	3a. Date of Last Report
4. FET Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent
**ARAZOZA & COMAS, P.A.
101 MADEIRA AVE.
CORAL GABLES FL 33134**

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 607.1408, 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 _____ Date _____
Both Registered Agent Signature and Date are required.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P
STREET ADDRESS	CITY, ST, ZIP	1.2 NAME	Manuel A. Grande
TITLE <input type="checkbox"/> DELETE	NAME	1.3 STREET ADDRESS	2720 SW 129th Ave.
STREET ADDRESS	CITY, ST, ZIP	1.4 CITY-ST, ZIP	Miami, FL 33175
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP
STREET ADDRESS	CITY, ST, ZIP	2.2 NAME	Elia Grande
TITLE <input type="checkbox"/> DELETE	NAME	2.3 STREET ADDRESS	2720 SW 129th Ave.
STREET ADDRESS	CITY, ST, ZIP	2.4 CITY, ST, ZIP	Miami, FL 33175
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S
STREET ADDRESS	CITY, ST, ZIP	3.2 NAME	Carlos M. Grande
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	1037 Alfonso
STREET ADDRESS	CITY, ST, ZIP	3.4 CITY-ST, ZIP	Coral Gables, FL 33146
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T
STREET ADDRESS	CITY, ST, ZIP	4.2 NAME	Frank Grande
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	2414 SW 8 St.
STREET ADDRESS	CITY, ST, ZIP	4.4 CITY-ST, ZIP	Miami, FL 33135
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP	5.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY, ST, ZIP	5.4 CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY, ST, ZIP	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	
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: *Manuel A. Grande* 01-18-96 306 642-4621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)