

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 # P95000051225 (7)

1. Corporation Name
COLINDRES BUILDING, INC.



Principal Place of Business: **9688 S.W. 24TH STREET MIAMI FL 33165**
Mailing Address: **9688 S.W. 24TH STREET MIAMI FL 33165**

3. Date Incorporated or Qualified: **06/30/1995** 3a. Date of Last Report
4. FEI Number: **65-0595535** 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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARQUEZ, JOSE M
780 NW LE JEUNE ROAD
SUITE 400
MIAMI FL**

81 Name: **SAME**
82 Street Address (P.O. Box Number is Not Acceptable): **782 NW LeJeune Road**
83: **Suite 548**
84 City: **Miami** 85 Zip Code: **FL 33126**

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]* DATE: **2/20/96**

12. OFFICERS AND DIRECTORS

TITLE	B	<input type="checkbox"/> DELETE
NAME	HERRAN, MANUEL A	
STREET ADDRESS	8460 SW 5TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	SECRETARY DANIEL R. JAIDES
23 STREET ADDRESS	9755 S.W. 62 ST.
24 CITY-ST-ZIP	MIAMI FL. 33173
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	700001739227
54 CITY-ST-ZIP	-03/12/96--01009--016
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	***200.00
63 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **2/15/96 (505)**
MANUEL A. HERRAN 221-8851

CR2E034 (12/95)