

**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 # P 95000072540  
1. Corporation Name

Principal Place of Business: 4510 NW 79TH AVE #1-C MIAMI, FL. 33166  
Mailing Address: 4510 NW 79TH AVE #1-C MIAMI, FL. 33166

3. Date Incorporated or Qualified: 9/19/1995  
3a. Date of Last Report: 9/19/1995  
4. FEI Number: 65-0608896  
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
MICHELANGELO LAMORTE  
4510 NW 79TH AVE #1-C  
MIAMI, FL. 33166

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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 607.0503, Florida Statutes.

SIGNATURE: *[Signature]* Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	YOHELY RINCON	
STREET ADDRESS	4510 NW 79TH AVE #1-C	
CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON CAMARILLO	
STREET ADDRESS	4510 NW 79TH AVE #1-C	
CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHELANGELO LAMORTE	
STREET ADDRESS	4510 NW 79TH AVE #1-C	
CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOREILYS CAMARILLO	
STREET ADDRESS	4510 NW 79TH AVE #1-C	
CITY-ST-ZIP	MIAMI, FL. 33166	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	YOHELY RINCON	
13 STREET ADDRESS	4510 NW 79TH AVE #1-C	
14 CITY-ST-ZIP	MIAMI, FL. 33166	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	NELSON CAMARILLO	
23 STREET ADDRESS	4510 NW 79TH AVE #1-C	
24 CITY-ST-ZIP	MIAMI, FL. 33166	
31 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MICHEIANGELO LAMORTE	
33 STREET ADDRESS	4510 NW 79TH AVE #1-C	
34 CITY-ST-ZIP	MIAMI, FL. 33166	
41 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	NOREILYS CAMARILLO	
43 STREET ADDRESS	4510 NW 79TH AVE #1-C	
44 CITY-ST-ZIP	MIAMI, FL. 33166	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	900001870809	
54 CITY-ST-ZIP	-06/21/96--01026--001	
61 TITLE	***225.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
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 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 member 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 in an attachment with an address.

SIGNATURE: *[Signature]* Date: 5-31-96 (305)592-3333

CR2E034 (12/95)

*6-20-96*