

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000096060 (5)**

1. Corporation Name
SPW GENERAL PARTNER, INC.



Principal Place of Business: **14427 N.W. 60TH AVENUE MIAMI LAKES FL 33014**
Mailing Address: **14427 N.W. 60TH AVENUE MIAMI LAKES FL 33014**

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 [30]

3. Date Incorporated or Qualified: **12/18/1995**
3a. Date of Last Report
4. FEI Number: **65-0633223**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 607.0012 and 607.1506, 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 607.0005, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11a. TITLE	D	<input type="checkbox"/> DELETE
11b. NAME	COHAN, NORMAN H	
11c. STREET ADDRESS	14427 N.W. 60TH AVENUE	
11d. CITY, ST, ZIP	MIAMI LAKES FL 33014	
11e. TITLE	D	<input type="checkbox"/> DELETE
11f. NAME	RODRIGUEZ, NELSON	
11g. STREET ADDRESS	14427 N.W. 60TH AVENUE	
11h. CITY, ST, ZIP	MIAMI LAKES FL 33014	
11i. TITLE	D	<input type="checkbox"/> DELETE
11j. NAME	GOMEZ, ENIDIO A	
11k. STREET ADDRESS	14427 N.W. 60TH AVENUE	
11l. CITY, ST, ZIP	MIAMI LAKES FL 33014	
11m. TITLE		<input type="checkbox"/> DELETE
11n. NAME		
11o. STREET ADDRESS		
11p. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12a. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12b. NAME	
12c. STREET ADDRESS	
12d. CITY, ST, ZIP	
12e. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12f. NAME	
12g. STREET ADDRESS	
12h. CITY, ST, ZIP	
12i. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12j. NAME	
12k. STREET ADDRESS	
12l. CITY, ST, ZIP	
12m. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12n. NAME	
12o. STREET ADDRESS	
12p. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information included 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13, and if changed, or on an attached page with an addition.

SIGNATURE: *Norman H. Cohan Pres.* 2/20/96 305/823-5440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)