

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 18 PM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S22162** (9)
1. Corporation Name
THE HANDY FENDER-BENDER CORP.

Principal Place of Business
**13207 SOUTHWEST 43RD LANE
MIAMI FL 33175**

Mailing Address
**13207 SOUTHWEST 43RD LANE
MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/31/1980

3a. Date of Last Report
04/15/1994

2. Principal Place of Business
21 **844 SW 13 CT**
Suite, Apt. #, etc.
22
City & State
23 **MIAMI, FL**
Zip Country
24 **33135** 25 **DADE**

2a. Mailing Address
26 **P.O. Box 652506**
Suite, Apt. #, etc.
27
City & State
28 **MIAMI, FL**
Zip Country
29 **33265** 30 **DADE**

4. FEI Number
65-0237186

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

9. Name and Address of Current Registered Agent
**RAMOS, ROBERT F.
13207 SOUTHWEST 43RD LANE
MIAMI FL 33175**

10. Name and Address of New Registered Agent
81 Name **Ramos, Robert F**
82 Street Address (P.O. Box Number is Not Acceptable)
844 SW 13 CT
83
84 City **MIAMI** FL 85 Zip Code **33135**

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 **4-17-95**

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	RAMOS, ROBERT F.
STREET ADDRESS	13207 S.W. 43RD LANE
CITY - ST - ZIP	MIAMI FL
TITLE	VTD
NAME	RAMOS, MARIA-RITA
STREET ADDRESS	13207 S.W. 43RD LANE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Ramos, Robert F	
13 STREET ADDRESS	844 SW 13 CT	
14 CITY - ST - ZIP	MIAMI, FL 33135	
21 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PADRON, DANIELA	
23 STREET ADDRESS	844 SW 13 CT	
24 CITY - ST - ZIP	MIAMI, FL 33135	
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		
54 CITY - ST - ZIP		
61 TITLE		<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)(4), Florida Statutes. I further certify that the information indicated on the 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]* PSD - DATE: **4-17-95** NUMBER: **227-9880**