

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED; MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

DOCUMENT # S27344 (8)

1995 AUG 10 AM 9:18

1. Corporation Name

ADASA INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4000 WEST 11 LANE
HIALEAH FL 33012

Mailing Address

4000 WEST 11 LANE
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/25/1991

3a. Date of Last Report

03/24/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FBI Number

65-0236035

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

22 City & State

27 City & State

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

Yes

No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERNANDEZ, AMY
4000 WEST 11 LANE
HIALEAH FL 33012

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 Zip Code

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ACHING, JUAN RAUL
STREET ADDRESS 4000 WILL LANE
CITY-ST-ZIP HIALEAH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRESIDENT - SECRETARY Change Addition
MARIA ISABEL GIRALDO DE BAGUELIN
4000 W. 11 LANE
HIALEAH, FL 33012

TITLE VD
NAME ACHING, FRAIRE AIDEE
STREET ADDRESS 4000 WILL LANE
CITY-ST-ZIP HIALEAH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Vice PRESIDENT-TREASURER Change Addition
RELLY
4000 W. 11 LANE
HIALEAH, FL 33012

TITLE STD
NAME ACHING, VICTOR RAUL
STREET ADDRESS 4000 WILL LANE
CITY-ST-ZIP HIALEAH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 110.07(3)(4), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] PRESIDENT 8/6/95

Title

305-921-5995

(Home Phone #)

CR2E034 (3/95)