

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 MAY -1 AM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S37942** (7)

1. Corporation Name
FOUR PARTNERS CORP.

Principal Place of Business: **11591 N.W. 2ND STREET, #106 MIAMI FL 33172**
Mailing Address: **11591 N.W. 2ND STREET, #106 MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **03/15/1991** 3a. Date of Last Report: **04/04/1994**

4. FEI Number: **65-0322889** Applied For: Not Applicable

5. Certificate of Status Expires: **\$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. 190.102 Florida Statutes: Yes No

2. Principal Place of Business: 21 State Apt # etc: 22 City & State: 23 Zip: 24
2a. Mailing Address: 26 State Apt # etc: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**HERNANDEZ, MIGUEL A
6380 WEST 24TH COURT, #101
HIALEAH FL 33108**

10. Name and Address of New Registered Agent

B1 Name: _____
B2 Street Address, P.O. Box Number is Not Applicable: _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as defined in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and I accept the provisions of Sections 607.0602, Florida Statutes.

SIGNATURE:

Name of Registered Agent (print name and address) _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SANTOS, ORLANDO
STREET ADDRESS	1 N.E. 1ST STREET, #6
CITY, ST, ZIP	MIAMI FL 33132
TITLE	V
NAME	HORTA, ORLANDO
STREET ADDRESS	10575 S.W. 58TH STREET
CITY, ST, ZIP	MIAMI FL 33173
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 (BLOCK 1)

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 NAME	
1.2 STREET ADDRESS	
1.3 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), Florida Statutes. Further, I 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. I am an officer or director of this corporation or the receiver or trustee of this corporation, or I am the registered agent as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, above, or on an attachment with my address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____

Signature Change: _____