

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanna B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V16819 (7)**

1. Corporation Name
421 NW 12TH STREET, INC.



Principal Place of Business: **421 NW 12 ST HOMESTEAD FL 33030**
Mailing Address: **PO BOX 801450 HOMESTEAD FL 33090 US**

3. Date Incorporated or Qualified: **02/26/1992**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **65-0315007**
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** State, Apt. #, etc: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** State, Apt. #, etc: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**GUTIERREZ, VICTOR
421 NW 12 ST
HOMESTEAD FL 33030**

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

12. OFFICERS AND DIRECTORS

111 TITLE	PD	<input type="checkbox"/> DELETE
112 NAME	GUTIERREZ, VICTOR	
113 STREET ADDRESS	421 NW 12 ST	
114 CITY, ST, ZIP	HOMESTEAD FL	
121 TITLE	VD	<input type="checkbox"/> DELETE
122 NAME	MORENO, FRANCISCO	
123 STREET ADDRESS	421 NW 12 ST.	
124 CITY, ST, ZIP	HOMESTEAD FL	
131 TITLE	SD	<input type="checkbox"/> DELETE
132 NAME	MORENO, FLORENCE S.	
133 STREET ADDRESS	421 NW 12 ST	
134 CITY, ST, ZIP	HOMESTEAD FL	
141 TITLE	TD	<input type="checkbox"/> DELETE
142 NAME	SANTANA, EDWINA R.	
143 STREET ADDRESS	421 NW 12 ST.	
144 CITY, ST, ZIP	HOMESTEAD FL	
151 TITLE		<input type="checkbox"/> DELETE
152 NAME		
153 STREET ADDRESS		
154 CITY, ST, ZIP		
161 TITLE		<input type="checkbox"/> DELETE
162 NAME		
163 STREET ADDRESS		
164 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

171 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
172 NAME	
173 STREET ADDRESS	
174 CITY, ST, ZIP	
181 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
182 NAME	
183 STREET ADDRESS	
184 CITY, ST, ZIP	
191 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
192 NAME	
193 STREET ADDRESS	
194 CITY, ST, ZIP	
201 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
202 NAME	
203 STREET ADDRESS	
204 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 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: *V. Gutierrez* PD.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 305-248-2303
DATE OF FILING AND FILING NUMBER

CR2E034 (12/95)