

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

**APPROVED  
AND  
FILED**

**95 APR 17 PH 3: 58**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **240244** (4)  
1. Corporation Name  
**MANUCY -J H- INC**

Principal Place of Business: **4694 PALM AVE HIALEAH FL 33012**  
Mailing Address: **4694 PALM AVE HIALEAH FL 33012**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **09/14/1960**  
3a. Date of Last Report: **02/21/1994**  
4. FEI Number: **59-0906114**  
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  
**GOMIS JACOB  
4694 PALM AVENUE  
HIALEAH FL 33023**

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: \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)


12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>MANUCY, JACK</b>
STREET ADDRESS	<b>4694 PALM AVE.</b>
CITY - ST - ZIP	<b>HIALEAH FL</b>
TITLE	<b>VPD</b>
NAME	<b>GOMIS, JACOB</b>
STREET ADDRESS	<b>5917 SW 114TH AVENUE</b>
CITY - ST - ZIP	<b>COOPER CITY FL</b>
TITLE	<b>PD</b>
NAME	<b>HERNANDEZ, BERNARDO</b>
STREET ADDRESS	<b>2838 SW 25TH ST</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>SO</b>
NAME	<b>HAAKER, ALAN</b>
STREET ADDRESS	<b>6541 SW 31ST STREET</b>
CITY - ST - ZIP	<b>MIRAMAR FL</b>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>HERNANDEZ, BERNABE</b>
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 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this return, or supplemental 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, and 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, I, or an authorized agent, with an address:

SIGNATURE:  **JACOB GOMIS** Date: **4/11/95** **305-821-1281**  
Signature: typed or printed name of signing officer or director