

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 344354 (6)**

1. Corporation Name  
**S. W. 7TH STREET CORP.**



Principal Place of Business: **NESTOR MORALES**  
2450 S.W. 137TH AVENUE, STE. 221  
MIAMI FL 33175

Mailing Address: **C/O MARCIA B. CABALLERO**  
2450 S.W. 137TH AVENUE, STE. 221  
MIAMI FL 33175  
US

3. Date Incorporated or Qualified: **04/10/1969**      3a. Date of Last Report: **03/17/1995**

4. FEI Number: **59-1273063**      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

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Zip      Country      29. Country

24.      25.      30.

9. Name and Address of Current Registered Agent

**DIAZ, ROSA**  
546 N.W. 98TH CT.  
MIAMI FL 33172

*9881 SW 60 Street*  
*MIAMI, FL 33173*

10. Name and Address of New Registered Agent

81. Name: **DIAZ, ROSA**

82. Street Address (P.O. Box Number is Not Acceptable): **9881 SW 60th STREET**

83.

84. City: **MIAMI**      85. Zip Code: **FL 33173**

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, for 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: *Rosa Diaz*      DATE: **3/26/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>-VSD</b> <input type="checkbox"/> DELETE
NAME	<b>-DIAZ, ROSA</b>
STREET ADDRESS	<b>546 N.W. 98TH CT.</b> <i>9881 SW 60 ST</i>
CITY - ST - ZIP	<b>MIAMI, FL 33172</b> <i>MIAMI, FL 33173</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/P/V/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DIAZ, ROSA</b>
1.3 STREET ADDRESS	<b>9881 SW 60 STREET</b>
1.4 CITY - ST - ZIP	<b>MIAMI, FL 33173</b>
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 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: *Rosa Diaz*      DATE: **3-26-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)