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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1996	7E 9	etary of State F CORPORATIONS		
1. Corporation	MENT # 38014 I, INC.	46 (1)			
Principal Place		Mailing Address		ı inment feifet füllt Maifel blitt fil	ain ain aigir bibii bibii bibii bidii bidii bibii
285 W 29 : HIALEAH F		285 W 29 ST HIALEAH FL 33012			
				3. Date Incorporated or Qualified 04/08/1971	3a. Date of Last Report 04/25/1995
. Principal Pl	ace of Business	2a. Mailing Address 26		4. FEI Number 59-1362572	Applied For
Suite, Apt.	#, etc.	Suite, Apl. #, etc.			Not Applicab
		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	7 p	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s 199.032,
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New F	Registered Agent
VEGA	CEDACTIAN		81 Name		
VEGA,SEBASTIAN 830 WEST 35TH STREET			82 Street Ad	dress (P.O. Box Number is Not Acceptat	ole)
	NH FL 33012		83		
			84 City		85 Z₁p Code
			' '		⊫1 '
 Pursuant to or registered familiar with 	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flock to anchaccent the obligations of Sect	and 607.1508, Florida Statut da. Such change was authorizion 607.0505, Florida Statuto	es, the above named corpored by the corporation's bo	oration submits this statement for the pur pard of directors. I hereby accept the app	rpose of changing its registered offic ointment as registered agent. I am
GNATURE/_	Signifier, typed or printed name of registries agent	I'd title if Equilicable (No.	OTE Bagistered Agent signature recu		rpose of changing its registered offi ointment as registered agent. I am
GNATURE/_	Signature (pod or pritted name of registries agent OFFICERS AN	I'd title if Equilicable (No.			rpose of changing its registered offi ointment as registered agent. I am
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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 attrichment with an address.

SIGNATURE SIGNATURE SIGNATURE AND TYPED OR HUNTED HAVE OF SIGNING OFFICER OR DIRECTOR [1419]