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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(3)

MR. LOUIS MANUFACTURING, INC.



Principal Place of Business Mailing Andress						T I WOLDER ALFON I DIEN DIED DAFFA I	(B)( \$381 \$181)	#### UISI	
154 W 29TH HIALEAH FL		154 W 29TH STREE HIALEAH FL 33012	154 W 29TH STREET HIALEAH FL 33012						
						3. Date Incorporated or Qualified 06/25/1971	1		st Report 3/1995
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-1421146			Not Applicable
Suite, Apt. #	/, etc.	Suite, Apt #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	s Desired S8.75 Additional Fee Required		
City & State		City & State	Oity & State			Election Campaign Financing \$5.00 May Be			
23		28	and training to a contract the contract of the property of the property of the contract and			Trust Fund Contribution Added to Fees			
Zip	Country	<i>Z</i> φ				8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30			Florida Statutes X Yes No  10. Name and Address of New Registered Agent			
<del></del>	9. Name and Address of Currer	nt Hegistereo Agent		81	Name	10. Name and Address of New	Registerea	Agent	
					TTGIT &				
	A,MARIO L V. 72ND ST.			82 Street Add		ess (P.O. Box Number is Not Accepta	bie)		
	NH FL 33012			83					
				84	City		FL	85	Zip Code
or registere familiar with	o the provisions of Sections 607.050; ad agent, or both, in the State of Flori h, and accept the obligations of, Sect	da. Such change was authoriz	ed by the	ove r cord	named corporation's boar	ation submits this statement for the ped of directors. Thereby accept the ap	urpose of ch	anging s registe	its registered office ered agent. I am
SIGNATURE _	Styriature Typed or profest same of ragicities Lager:	Land Bitin d'application (No	Pit Beginters	l Aga	nt signal, re reit prei	Twiter renotating	CATÉ		
12.	OFFICERS AN	D DIRECTORS	13			ADDITIONS/CHANGES TO OF	FICERS ANI	) DIREC	CTORS IN 12
TITLE	P	☐ DELETE	1.1	TITLE				☐ Chan	nge 🔲 Addit ori
NAME	GARCIA,MARIO L		1.2	IMAN					
STREET ADDRESS	1745 W. 72 STREET		1.3	STRE-1	T ADDRESS				
CITY-ST-ZIP	HIALEAH FL		1.4	CITY S	ST-ZIP				
TITLE	ν	☐ DELETE	2 1	TITLE				Chan	nge 🗀 Addition
NAME	VILA, DIGNA G.		2?	MAM					
STREET ADDRESS	4780 SW 87TH PLACE		2.3	STRE 1	T ADDRESS				
CHTY - ST - ZIP	MIAMI FL	El borez			912.12				
TITLE	1	☐ DELETE	•	TITE				Chan	nge 🗌 Addition
NAME	GARCIA, IRENE A.			NAME					
STREET ADDRESS	1745 W 72ND STREET				T ADDRESS				
CiTY - ST - ZiP	HIALEAH FL			3 4 CITY ST - ZIP 4 1 TITLE				E Char	nge Addition
THLE		[] peccie						☐ Char	ige [_] Addition
NAME CARCUT ADDRESS				NAM: Cancar	I ADDOCCC				
STREET ADDRESS					T ADDRESS ST - Z-P				
CHY-ST-ZIP TITLE		DELETE		uir s Title	51-211			Char	nge Addition
NAME				NAM .				V	,
STREET ADDRESS					T ADDRESS				
CITY - ST - ZIP					S1-ZIP				
TITLE		DELETE		TITL	ar-ZIF			☐ Char	nge 🔲 Addition
NAME		vecere		NAM					
STREET ADDRESS					1 ADORESS				
			1		SI-ZIP				
CITY - ST - ZIP			■ .0 4	OHT 3	31.516				

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:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/96 Care

Daytine Phane #

CR2E034 (12/95)