

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **406338** (4)
1. Corporation Name
THE RED CUP ENTERPRISES, INC.



Principal Place of Business: **7745 S W 75 TERR MIAMI FL 33143**
Mailing Address: **7745 S W 75 TERR MIAMI FL 33143**

3. Date Incorporated or Qualified: **08/07/1972**
3a. Date of Last Report: **01/25/1995**

21. Principal Place of Business	22. State, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address	27. State, Apt. #, etc.	28. City & State	29. Zip	30. Country	4. FEI Number: 59-1427791	Applied For: <input type="checkbox"/>	Not Applicable: <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>					\$8.75 Additional Fee Required							
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					\$5.00 May Be Added to Fees							
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No												

9. Name and Address of Current Registered Agent MARQUEZ, JOSE M. 700 N.W. LE JEUNE ROAD SUITE 400 MIAMI FL 33120					10. Name and Address of New Registered Agent							
					81. Name	JOSE M. MARQUEZ						
					82. Street Address (P.O. Box Number is Not Acceptable)	782 NW LeJeune Road						
					83.	Suite 548						
					84. City	Miami	FL	85. Zip Code	33126			

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: **1/22/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE		1.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARQUEZ, JOSE M			1.2 NAME	MARQUEZ, Jose M.		
STREET ADDRESS	700 N.W. LE JEUNE RD			1.3 STREET ADDRESS	782 NW LeJeune Road, Suite 548		
CITY-STATE-ZIP	MIAMI FL			1.4 CITY-STATE-ZIP	Miami, Florida 33126		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, HERIBERTO			2.2 NAME			
STREET ADDRESS	7745 S.W. 75TH TERRACE			2.3 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL			2.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-STATE-ZIP				3.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-STATE-ZIP				4.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-STATE-ZIP				5.4 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-STATE-ZIP				6.4 CITY-STATE-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: DATE: **1/22/96** (305) 823-3015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)