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 #**

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		r interi	NATIONAL CORP.		(0)							
	incipal Place			M	lailing Address				ı issili gibih Sılalı kisəl filiki ibil		8(1 8181) 8 (8)	(0/8/1 010)
10234 SW 9TH TERRACE 10234 SW 9TH TERRACE MIAMI FL 33174 MIAMI FL 33174												
									3. Date Incorporated or Qualified		e of Last R	•
2.	Principal Pla	cipal Place of Business			2a. Mailing Address				10/13/1974 4. FEI Number	<u> </u>)1/18/19	
21	r monpour r ic	acc or Edgar	000	26					59-1619860			Applied For Not Applicable
	Suite, Apt	#, etc.			Suite, Apt. #, etc.						Additional	
22					27			5. Certificate of Status Desired			Required	
	City & State	& State			City & State			6. Election Campaign Financing		\$5.0	0 Мау Ве	
23	Zip	Country			Zip Country			Trust Fund Contribution			d to Fees	
24	2 147	25			29 30				8. This corporation has liability for Intangible tax under s 199.032, Florida Statutes Yes □ No No			
		9. Name	and Address of Curre		tered Agent		10. Name and Address of New Registered Agent					
							81	Name				
	MUNOZ, MARCOS A.						82	Street Ado	ress (P.O. Box Number is Not Acceptal	ole)		
10234 SW 9TH TERRACE								······································				
	MIAMI F	L FL 3317	4				83					
							84	City		FL	85 Zi	p Code
11	. Pursuant to	o the provis	ions of Sections 607.050	2 and 60	7.1508, Florida Statu	ites, the at	xove-r	named corpo	pration submits this statement for the pu	roose of ch	angino its r	registered office
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.												
	GNATURE.				,							
		Signature, typicd	or printed name of registered ago					it signature requir	ed when reinstating)	DATE		
12 [/]			OFFICERS AN	ND DIREC	DELETE DELETE	13	TITLE		ADDITIONS/CHANGES TO OFF			
NA		P MUNO:	Z, MARCOS A, SR.		[_] billing		NAME				Change	Addition
	REEL ADORESS		SW 9TH TERRACE					ADDRESS				
CIT	Y-S1-ZIP		FL 33174				CITY-S					
Till	i, F	\$			☐ DELETE		TITLE				Change	Addition
NAI	ME		z, elisa p			22	NAME					
	REET ADDRESS		SW 9TH TERRACE			23	STREET	ADDRESS				
011 111	Y · ST · ZIP	MIAMIL	EL 33174		[] DELETE		CITY-S	1-210				FTS A LEVY
NA					[] been		NAME				Change	Addition
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	REEL ADDRESS							ADDRESS				
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111	ιί				DELETE		TITLE				Change	☐ Addition
NAI	VE					6.5	NAME					
ŞTF	EET ADDRESS					6.3	STREET	ADDRESS				
	Y-S1-ZIP	cortify that	the information europlied	suith this	fluor in voluntarily for	64	CITY-S	T-ZIP		07/0/4 \ =		
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 chapted, or on an attachment with an address.												
SIGNATURE: SIGNATURE AND TYPED ON PRINTIPO NAME OF SIGNING OFFICER OR DIRECTOR 1/15/96 593 45/0												5/0