

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

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AND
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95 MAR -1 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995



DOCUMENT # 588603 (1)

CILISE CORPORATION

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address	
1093 SW 9TH AVE MIAMI FL 33130 US		240 NW 36 CIR MIAMI FL 33125 US	
21. State, Apt. #, etc.	22. City & State	26. Mailing Address	27. City & State
		3702 SW 147 Ct.	Miami FL
24. Country	25. Country	29. Zip	30. Country
		33185	

3. Date Incorporated or Qualified	3a. Date of Last Report
10/05/1978	01/25/1994
4. FBI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FERNANDEZ ANGEL 240 NW 36 CT MIAMI FL 33125				Same Agent → new Address			
81. Name	Fernandez Angel			81. Name	Fernandez Angel		
82. Street Address (P.O. Box Number if Not Acceptable)				82. Street Address (P.O. Box Number if Not Acceptable)			
83. City	3702 SW 147 Ct			83. City	3702 SW 147 Ct		
84. State	FL			84. State	FL		
85. Zip Code	33185			85. Zip Code	33185		

11. Pursuant to the provisions of Sections 607.0503 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	DP ALEMAN, RAIMUNDO 693 CARLOCK AVE. PERTHAMBOY NJ	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS		13.2 NAME	
12.3 CITY - ST. - ZIP		13.3 STREET ADDRESS	
12.4 CITY - ST. - ZIP		13.4 CITY - ST. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME	DST RODRIQUEZ, MARGARITA 530 SW 84TH AVENUE MIAMI FL	13.6 NAME	
12.6 STREET ADDRESS		13.7 STREET ADDRESS	
12.7 CITY - ST. - ZIP		13.8 CITY - ST. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 CITY - ST. - ZIP		13.9 NAME	
12.9 NAME		13.10 STREET ADDRESS	
12.10 STREET ADDRESS		13.11 CITY - ST. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 CITY - ST. - ZIP		13.12 NAME	
12.12 CITY - ST. - ZIP		13.13 STREET ADDRESS	
12.13 NAME		13.14 CITY - ST. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		13.15 NAME	
12.15 CITY - ST. - ZIP		13.16 STREET ADDRESS	
12.16 CITY - ST. - ZIP		13.17 CITY - ST. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME		13.18 NAME	
12.18 STREET ADDRESS		13.19 STREET ADDRESS	
12.19 CITY - ST. - ZIP		13.20 CITY - ST. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.20 CITY - ST. - ZIP		13.21 NAME	
12.21 NAME		13.22 STREET ADDRESS	
12.22 STREET ADDRESS		13.23 CITY - ST. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.23 CITY - ST. - ZIP		13.24 NAME	
12.24 CITY - ST. - ZIP		13.25 STREET ADDRESS	
12.25 NAME		13.26 CITY - ST. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.26 STREET ADDRESS		13.27 NAME	
12.27 CITY - ST. - ZIP		13.28 STREET ADDRESS	
12.28 CITY - ST. - ZIP		13.29 CITY - ST. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.29 NAME		13.30 NAME	
12.30 STREET ADDRESS		13.31 STREET ADDRESS	
12.31 CITY - ST. - ZIP		13.32 CITY - ST. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.32 CITY - ST. - ZIP		13.33 NAME	
12.33 NAME		13.34 STREET ADDRESS	
12.34 STREET ADDRESS		13.35 CITY - ST. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.35 CITY - ST. - ZIP		13.36 NAME	
12.36 CITY - ST. - ZIP		13.37 STREET ADDRESS	
12.37 NAME		13.38 CITY - ST. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.38 STREET ADDRESS		13.39 NAME	
12.39 CITY - ST. - ZIP		13.40 STREET ADDRESS	
12.40 CITY - ST. - ZIP		13.41 CITY - ST. - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(B), 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 each officer or director had signed an affidavit for the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12, or Block 13, of this report, or on an attachment thereto.

SIGNATURE: Raimundo Aleman 2/4/95 559-9360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR