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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE: 4

I. Corporation	JMENT # 6838	04 (1)			I hadinda dende ranga rende edeken kana	i Bidi Pirin Aldyi diriyi	)
rincinal Plac	oe of Rusiness	Mollon Address		· · · · · · · -			
Principal Place of Business         Mailing Address           9475 NW 13 ST         9475 NW 13 ST           MIAMI FL 33172         PO BOX 524164           US         MIAM! FL 33152							
		WITH TE SOISE			3. Date Incorporated or Qualified 10/08/1980	3a. Date of Las 04/25/	•
n '	Place of Business	2a. Mailing Address			4. FEI Number	1 01,20,	Applied For
Suite Ant	# otc	26			59-2036294		Not Applicable
		Suite, Apl. #, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & Stat	te	City & State			Election Campaign Financing     Trust Fund Contribution	□ \$5	.00 May Be
Zip	Country	Zip	Cour	ntry	This corporation has liability for in	AO	led to Fees
	25	29	30	·	Florida Statutes Yes		s 199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Ro	egistered Agent	
VADCI	4 413/450		],	B1 Name			
	A, ALVARO		T	82 Street Add	dress (P.O. Box Number is Not Acceptable	le)	
9475 NW 13 ST MIAMI FL 33172			-	B3			
(FILE-SIP))	1 L 331/2		[	53			
			ſī	84 City		<b>—</b> 85	Zip Code
	to the provisions of Sections 607.050 red agent, or both, in the State of Fic ith, and accept the obligations of, Se	02 and 607.1508, Florida Stat vida. Such change was autho ction 607.0505, Florida Statut	utes, the abov	1 '	oration submits this statement for the purp ard of directors. I hereby accept the appo	FL pose of changing its	s registered office od agent. I am
Pursuant or registe familiar w GNATURE	Signature, typed or printed name of registered age OFFICERS AI		utes, the abov rized by the co es.	1 '	ed when reinstating)	pose of changing it intment as register	
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ALYTRO VARELA 422/96 (305)477-0291