

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 688566 (9)  
1. Corporation Name  
CUENCA COMPANIES LIMITED, INC.



Principal Place of Business  
290 NW 165 ST (CHAMBER RD)  
PENTHOUSE 5  
MIAMI FL 33169

Mailing Address  
290 NW 165 ST (CHAMBER RD)  
PENTHOUSE 5  
MIAMI FL 33169

3. Date Incorporated or Qualified 09/23/1980	3a. Date of Last Report 08/15/1995
4. FEI Number 59-2034025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

CUENCA, SAMUEL  
325 CENTER ISLAND  
GOLDEN BEACH FL 33160

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
FL
85. Zip Code

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

Signature, typed or printed name of registered agent and title of application

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	PD
NAME	CUENCA, SAM	12. NAME	CUENCA, SAM
STREET ADDRESS	290 NW 165 ST., PH 5	13. STREET ADDRESS	325 CENTER ISLAND
CITY-STATE-ZIP	MIAMI FL	14. CITY-STATE-ZIP	GOLDEN BEACH, FL 33160
TITLE	SVD	2. TITLE	SVD
NAME	CUENCA, JUDY	22. NAME	CUENCA, JUDY
STREET ADDRESS	290 NW 165 ST., PH 5	23. STREET ADDRESS	325 CENTER ISLAND
CITY-STATE-ZIP	MIAMI FL	24. CITY-STATE-ZIP	GOLDEN BEACH, FL 33160
TITLE	T	3. TITLE	T
NAME	CUENCA, SHARI	32. NAME	CUENCA, SHARI
STREET ADDRESS	290 NW 165 ST., PH 5	33. STREET ADDRESS	325 CENTER ISLAND
CITY-STATE-ZIP	MIAMI FL	34. CITY-STATE-ZIP	GOLDEN BEACH, FL 33160
TITLE		4. TITLE	
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE		5. TITLE	
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 12, 1996

305-947-1728

DATE

Daytime Phone #

CR2E034 (12/95)