CO	FILE NOW: FILI IONPROFIT PROBATION IUAL REPORT 1996	NG FEE IS \$61 FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	MENT OF STATE Mortham of State		
1. Corporati	DIMENT # 73034				
Principal Place of Business     Mailing Address       1023 SOUTHWEST 27TH AVENUE     1023 SOUTHWEST 27TH AVENUE					
MIAMI FL 3		MIAMI FL 33135-4614	YENUE	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal f	Place of Business	2a. Mailing Address		07/31/1974 4. FEI Number	02/16/1995
21 Suite, Apt	t. #, etc.	26 Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
City & Sta	ate	27 City & State		5. Certificate of Status Desired     6. Election Campaign Financing	Fee Required
23 Zip 24	Country 25	Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees
24	9. Name and Address of Curren		81 Name	Florida Statutes	Yes No
TAVEL, MARIO A., R.T. 450 NORTHWEST 32ND COURT MIAMI FL 33125			83 84 City	ress (P.O. Box Number is Not Acceptable	FI 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered egent	and the if applicable (NOTE: F	legislered Agent signature require		
12. THLE	OFFICERS AND		13. 1.1 Totle	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
NAME STREET ADDRESS			1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL VD		1.4 CITY - ST - ZIP 2 1 TITLE		
NAME STREET ADDRESS C(TY - SJ - ZIP	NICOLAS, FERNANDEZ 6715 SW 28TH STREET MIAMI FL		2.2 NAME 2.3 STREET ADDRESS		Change Addition C
TITLE	ТО	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change 🔲 Addition
NAME STREET ADDRESS	GELPI, ORLANDO 461 NW 32ND COURT		3 2 NAME 3.3 STREET ADDRESS		
CHY-ST-ZIP THILE	VD	DELETE	3.4. CITY - ST-ZIP 4.1 TITLE		Change Addition
NAME STREET ADORESS	VAZQUEZ, MINERVA 121 W 31ST STREET		4.2 NAME 4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	HIALEAH FL SD	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME STREEF ADDRESS	TAVEL, MARIO A. 450 NW 32ND COURT		5.2 NAME 5.3 STREET ADDRESS		
CITY - ST - ZIP TIFLF	MIAMI FL		5 4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME STREET ADDRESS	DELGADO, CARLOS 1137 SW 4TH STREET #1		6.2 NAME 6.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP 14. I do hereb certify tha	MIAMI FL by certify that the information supplied w at the information indicated on this annua	/ith this filing is voluntarily furnishe al report or supplemental annual r	64 CITY-ST-2IP d and does not qualify fo eport is true and accurat	r the exemption stated in Section 119.0; te and that my signature shall have the se	7(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an entrachment with an address.					
SIGNATURE:					