

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F30156** (6)
1. Corporation Name
INTERNATIONAL CORNER, INC.



Principal Place of Business: **10730 N.W. 25TH ST. MIAMI FL 33172 US**
Mailing Address: **10730 N.W. 25TH ST. MIAMI FL 33172 US**

3. Date Incorporated or Qualified: **05/13/1981**
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address State, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.	4. FEI Number 65-0103218	Applied For Not Applicable
9. Name and Address of Current Registered Agent										5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
10. Name and Address of New Registered Agent										6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											

**RODRIGUEZ, MARIA T.
120 S.W. 26TH RD.
MIAMI FL FL 33129**

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

I, the undersigned, certify that I am the registered agent of the above named corporation and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	DELETED	1. TITLE	2. NAME	Change Addition
ST	RODRIGUEZ, MARIA T	<input type="checkbox"/>	12. NAME		
STREET ADDRESS	120 S.W. 26TH RD.		13. STREET ADDRESS		
CITY, ST, ZIP	MIAMI FL 33129		14. CITY, ST, ZIP		Change Addition
TITLE	NAME	DELETED	2. 1. TITLE	2. 2. NAME	Change Addition
P	RODRIGUEZ, AURELIO F.	<input type="checkbox"/>	2. 3. STREET ADDRESS		
STREET ADDRESS	120 S.W. 26TH RD.		2. 4. CITY, ST, ZIP		Change Addition
CITY, ST, ZIP	MIAMI FL 33129		3. 1. TITLE	3. 2. NAME	Change Addition
TITLE	NAME	DELETED	3. 3. STREET ADDRESS		
		<input type="checkbox"/>	3. 4. CITY, ST, ZIP		Change Addition
			4. 1. TITLE	4. 2. NAME	Change Addition
		<input type="checkbox"/>	4. 3. STREET ADDRESS		
			4. 4. CITY, ST, ZIP		Change Addition
		<input type="checkbox"/>	5. 1. TITLE	5. 2. NAME	Change Addition
			5. 3. STREET ADDRESS		
		<input type="checkbox"/>	5. 4. CITY, ST, ZIP		Change Addition
			6. 1. TITLE	6. 2. NAME	Change Addition
		<input type="checkbox"/>	6. 3. STREET ADDRESS		
			6. 4. CITY, ST, ZIP		Change Addition

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 president 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 addition, with an address.

SIGNATURE: _____ DATE: **1-28-96** (306) 594 3717

CR2E034 (12/95)