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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## 1996 DOCUMENT # 1. Corporation Name

F67671

(0)

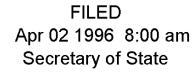
O.K. SHELL CORPORATION

Principal Place of Business

EXISTRESS

6120 NW 27TH AVE. MIAMI FL 33142-2210 Mailing Address

6120 NW 27TH AVE.



MIAMI FL 33142-221U		MIAMI FL 33142-2210							
						3. Date Incorporated or Qualified 02/08/1982	3a. Date o	of Last R /01/19	
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number		h	Applied For
21		26				59-2178842			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	[]		Additional Required		
City & State		City & State				6. Election Campaign Financing	E-3	\$5.0	May Be
23		28				Trust Fund Contribution	[]	Adde	d to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for in		under s	199.032,
24	25	29	30			Florida Statutes Yes			
	<ol><li>Name and Address of Curren</li></ol>	t Registered Agent		m		10. Name and Address of New Re	egistered A	gent	
				81	Name				
	, AMANCIO		82 Street Addr		dress (P.O. Box Number is Not Acceptable)				
919 SW 24TH ROAD Miami FL 33129			83						
			}	64	City			85 Z	p Code
or registere	the provisions of Sections 607.0502 diagent, or both, in the State of Fioric i, and accept the obligations of, Secti	da. Such change was author	ized by the o	ve n orpo	amed corpora pration's board	ation submits this statement for the purp d of directors. Thereby accept the appe	ose of char intment as r	iging its i egistered	registered office Lagent Lam
SIGNATURI	rginature, typida or prinned name of registeren egent	and the tarpleane (t	vOİE Pagisteridi	Agrad	Esgratus requirod	Ewhoring receiving	DATE		
12.	OFFICERS AN	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO	RS IN 12
TITLE	VP	DECETE	1. 1 Til	TLE				] Change	Addition
NAME	ACOSTA, JUAN A, JR		1.2 NA	ME					
STREET ADDRESS	3250 SW 123 COURT		13 ST	AEFT	ADDRESS				
CITY - S1 - ZiP	MIAMI, FL 00000		1.4 CIT	TY - 5	T - ZIP				
T TLF	DP	DELETE	2 1 TII	1LE				] Change	Addition
NAME	ALONSO, AMANCIO		2 2 NA	ME					
STREET ADDRESS	919 SW 24TH COURT		2 3 STI	RSEL	ADDRESS				
CITA - ST - SIP	MIAMI, FL 00000		2 4 011	IY-S	1 - 202				
TITLE	D\$T	☐ DELETÉ	3 1 10	TLF.				] Change	Addition
NAME	acosta, Juan A, Sr		3 2 NA	J.F					
STREET ADDRESS	3250 SW 123RD COURT		33 ST	IKEET	ADDRESS				
CITY - S1 - 7IP	MIAMI, FL 00000		3 4 011	IY-S	1 - 716				
THILE		DELETE	4 1 7	TLE				) Change	☐ Addition
NAME			4.2 NA	ME					
SIREFI ADDRESS			4 3 ST	REET	ADDRESS				
CITY - S1 - ZIP			4.4.00	TY S	T - 7:P				
TOLE		☐ DEFEIE	5 1 ](	il£				] Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5381	REET	ADDRESS				
CITY-ST-ZIP			5 4 CI	1 Y - S	1-719				
TITLE		DELETE	6 1 TI	TLE				) Change	☐ Addition
NAM:			6 2 NA	4ME					
STREET ADDRESS			63 ST	FEET	ADDRESS				
C-TY-ST-Z-P			64 01	TY-S	T ZIP				
	certify that the information supplied	with this fring is voluntarily fu				or the exemption stated in Section 119.	07 <sub>(3)</sub> (k), Flor	ida Statu	tes. I further

14. I do nereby certry that the information supplied with this tring is voluntarily furnished and does not quality for the exemption stated in Section 119.7-3(k), Florida Statutes. 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 logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trusted 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMANCIO ALONSO THE

3.22-96 305-638 7937