

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000894 (4)**

1. Corporation Name
CELSE-TEXAS, INC.



Principal Place of Business: **8410 N.W. 93RD STREET MIAMI FL 33166**
Mailing Address: **8410 N.W. 93RD STREET MIAMI FL 33166**

3. Date Incorporated or Qualified: **02/23/1995** 3a. Date of Last Report
4. FEI Number: **76-0028254** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

**ALLEN & GALEGO
SUITE 805
601 BRICKELL KEY DRIVE
MIAMI FL 33131**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 607.0506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

11	PCD SCHIAVO, ALFREDO 1600 E. CLIFF DRIVE EL PASO TX 79902	<input type="checkbox"/> DELETE
12	ST SCHIAVO, PIETRO 1600 E. CLIFF DRIVE EL PASO TX 79902	<input type="checkbox"/> DELETE
13		<input type="checkbox"/> DELETE
14		<input type="checkbox"/> DELETE
15		<input type="checkbox"/> DELETE
16		<input type="checkbox"/> DELETE
17		<input type="checkbox"/> DELETE
18		<input type="checkbox"/> DELETE
19		<input type="checkbox"/> DELETE
20		<input type="checkbox"/> DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY, ST, ZIP	
15	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16	NAME	
17	STREET ADDRESS	
18	CITY, ST, ZIP	
19	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20	NAME	
21	STREET ADDRESS	
22	CITY, ST, ZIP	
23	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24	NAME	
25	STREET ADDRESS	
26	CITY, ST, ZIP	
27	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28	NAME	
29	STREET ADDRESS	
30	CITY, ST, 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 I am an officer or director of this 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

CR2E034 (12/95)