

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # G14743 (0)**

1. Corporation Name  
**MINUTA, INC.**



Principal Place of Business  
**5005 N. LOIS AVE.  
TAMPA FL 33614**

Mailing Address  
**5005 N. LOIS AVE.  
TAMPA FL 33614**

3. Date Incorporated or Qualified: **12/22/1982**  
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2431170**  
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. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GARCIA, HUMBERTO  
5005 N. LOIS AVENUE  
TAMPA FL 33614**

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 607.1506, 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:

Signature typed or printed name of registered agent

Date filed with appropriate jurisdiction

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, HUMBERTO	2. NAME	
STREET ADDRESS	5005 N. LOIS AVENUE	13. STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14. CITY-ST-ZIP	
TITLE	V	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALESSI, PHILLIP	22. NAME	
STREET ADDRESS	2909 W. CYPRESS	23. STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24. CITY-ST-ZIP	
TITLE	ST	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, RODOLFO	32. NAME	
STREET ADDRESS	2909 W. CYPRESS	33. STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34. CITY-ST-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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5/1/96

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 or person 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: *Humberto Garcia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Humberto GARCIA 4/6/96  
813  
870-1675  
Dated: \_\_\_\_\_  
Digitally Printed

CR2E034 (12/95)