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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1996			Secretary of State DIVISION OF CORPORATIONS				
DOCUI	MENT #	G23108	(5)				
·	TATION, INC.						
Puncipal Place		N	lailing Address			J INDIANI BOLD INCOD INIDI HIDIL DEN	EL 1901 ALBUT BIRTT BIRTT GODIT ALBUT BIRTT TÂUT
% LAZARO VALDEZ 650 NW 81ST ST.			% Lazaro valdez 650 NW 81ST ST.				
MIAMI FL 33	3150		MIAMI FL 33150			3. Date Incorporated or Qualified	3a. Date of Last Report
· Constitution						02/08/1983	03/10/1995
2. Principa Pii 21	ace of Business	2a 26	. Mailing Address			4, FEI Number 59-2259837	Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State		27	C3 . 0. C4-1				Fee Required
23	•	28	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zμ	Cour	· · · · · · · · · · · · · · · · · · ·	Zφ	Country	·	8. This corporation has liability or	intangible tax under s. 199.032,
24	9 Name and Add	[29] fress of Current Regis	stered Agent	30			□No
	3.	incos of Carrette Incgr.	Mercu Agent	81	Name	10. Name and Address of New F	egisterea Agent
VALDEZ	, Lazaro			82	Street Add	ress (P.O. Box Number is Not Acceptab	(ماد
650 NW 81ST ST.					Street Add	1655 (1.0) box Harribor is froi Acceptat	
MIAMI F	EL 33150			83			
				84	City		FL 85 Zip Code
SIGNATURE		gations of, Section 607 — of mastered agent and short OFFICERS AND DIREC	asiguk Afolio (NC)	IE Registered Ager	d signature reignice		DATE
Tillef	PD	OFFICERS AND DIREC	DELETE	13. 1 1 JITLE		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition
NAME	VALDEZ, LAZAI	RO		1.2 NAME			בין טוומוקט בין אטעונוטוי
STHELL ACORESS	650 NW 81ST	ST		1.3 STREET	ADDRESS		
OFY-SI-7P	MIAMI FL		DELETE	1.4 CITY - S	T-ZIP		
NAME			Liberrie	2 1 TITLE 2.2 NAME			Change Addition
STREET ADDRESS				23 STREET	ADDRESS		
CHY-ST ZiP				24 CITY - S	7 - ZIP		
3011			DELETE	3 1 TITLE			Change Addition
NAM: STREET ADDRESS:				3.2 NAME	ADDOLOG		
City St Zif				3.3. STREET 3.4 C/TY-S			
TH (DELETE	4 1 TITLE			Change Addition
NAME				4.2 NAME			
STREET ACCIDENS				4 3 STREET			
01 V - ST - 712 11 UF			[] DELETE	4.4 City-S 5.1 Title	T-ZIP		Change Addition
NAME				5 2 NAME			Change Addition
STREET ADDRESS				5 3 STREET	ADDRESS		
CHY ST-Zift				5.4 CITY - S	1 - 21P		
7/11/7			DECETE	6 1 TITLE			Change Addition
NAME STREET ADORESS				6.2 NAME	*000000		
City-S1-2#				6.3 STREET 6.4 C/TY - S			
	certify that the inform	nation supplied with this	filing is voluntarily furnis	shed and does	not qualify f	or 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 out; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Black 12 or Brock 13 if charged, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/13/96

Clayfirms Phone #