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

/7\

1. Corporation	NAME # G2/60 INICA REALTY & INVESTMENT	` '			
Principal Place	of Business	Mating Address			
% ALBERTO GUERNICA 264 ST THOMAS KEY LARGO FL 33037		% ALBERTO GUERNICA 264 ST THOMAS KEY LARGO FL 33037		Date Incorporated or Qualified	
				03/11/1983	05/24/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4, FEI Number	Applied For
21 Contro Act 4		Suite, Apt. #, etc		59-2340710	Not Applicable 88.75 Additional
Suite, Apt. #	r, etc.	27		5. Certificate of Status Desired	Fee Required
City & State		Oity & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zψ	Country	Zφ	Country	8. This corporation has Fability for Intar	
	25	Paristand Apost	30	Florida Statutes Yes 10. Name and Address of New Regi	
	g, Name and Address of Current	negistered Agent	81 Name	10. Name and Address of New Negr	stered Agent
GUERN	NICA, ALBERTO		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
264 ST THOMAS					
KEY L	ARGO FL 33037		83		
			84 City		85 Zip Code
or registere familiar wit	ed agent, or both, in the State of Florida h and accept the obligations of, Section Strates that a rend section opens are the OFFICERS AND	i Such change was authorize n 607 0605, Florida Statutes. utderapplace ≫01	ed by the curporation's boa	ration submits this statement for the purpos rd of directors. I hereby accept the appoint station for the by ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	PTD	DELETE	1 1 TITLE	ADDITIONS OF ANGLES TO OTTICE	Change Addition
NAME	GUERNICA, ALBERTO		L2 NAMC		
STREET ADDRESS	264 ST. THOMAS AVENUE		1.3 STREET ADDRESS		
CITY-ST ZIP TITLE	KEY LARGO, FL 00000 VSD	DELETE	1.4 CiTY-SI-ZiP 2.1 TILLE		Change Addition
NAME	GUERNICA, MARIA	<u></u>	2 2 NAME		
STREET ADDRESS	264 ST. THOMAS AVENUE		2 3 STREET ADDRESS		
CITY-ST-ZP	KEY LARGO, FL 00000		2.4 CHY ST ZIP		
THLE		☐ DELETE	3 1 1171.6		Change Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4 1 HILE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	4.4 C(FY - ST - Z)P 5.1 T)TLE		Change Addition
NAME			5.2 NAME		<u> </u>
STREET ADDRESS			5 3 STREET ADDRESS		
CITY·ST·ZIP			5.4 CHY - S1 - 7IF		
TITLE		☐ pereie	6 1 TafkE		Change Maddition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. Ido 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 certify 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paria C Julyanica)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 305-451-2226

CR2E034 (12/95)