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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
 Secretary of State

 DIVISION OF CORPORATIONS

1996

DOCUMENT # G55551

(7)

DOLL.	ADC.	AMD	DEVI C	CORPORA	TION
DULL	HDO.	ANU	DEALO	CURPURA	HUN

Principal Place	of Business	Maling Address			
1641 N.W. 2 MIAMI FL 33	7TH AVENUE	11740 SW 15 STREET MIAMI FL 33184			
U\$		US		3. Date Incorporated or Qualified 07/29/1983	3a. Date of Last Report 02/14/1995
2. Principal Pla	Ce of Business NW みり Ave	2a. Mailing Address 26 1/740 S. V	11 15 Stool	4. FEI Number	Applied For
Suite, Apt. #	from the second control of the contr	Suite, Apt. #, etc.	0 /3 3/REE	59-2307026	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	.: *=1	City & State	FL.	6. Election Campaign Financing	\$5.00 May Be
23 H /// k Zip		28 M/AM/	Country	Trust Fund Contribution	Added to Fees
4 33/2	25 Country () S (-)	29 33/84	30 05/	8. This corporation has liability for in Florida Statutes Yes	
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Re	
			81 Name		
	OURT, TERESITA		82 Street Add	ress (P.O. Box Number is Not Acceptable	0)
	W 15 STREET		83		
MIAMI F	L 33104				
			84 City		FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statute:	s, the above-named corpor	ration submits this statement for the purp rd of directors. I hereby accept the appo	
or registere familiar بنار	d agent, or both, in the State of Florida , and accept the obligations of Section	a. Such change was authorize on 607.0505, Florida Statutes.	d by the corporation's boa	ird of directors. I hereby accept the appo	intment as registered agent. I am
		/ C D	/ /	ν 1. \pm	2 29-616
SIGNATURE		LORDSITA Del	tencoupt	Tresident	d-2/11/6
SIGNATURE	ty at cell typed or printed name of registered agent a		E. Registered Agent signature require	od when reinstating)	2-29-76 UNTE
12.	OFFICERS AND	and their applicance (ISOT) DIRECTORS	E: Registered Agent signature require 13.		LIATE CERS AND DIRECTORS IN 12
12.	OFFICERS AND	and title diapplicance (NOT)	E: Registered Agent signature require 13. 1 1 TITLE	od when reinstating)	LIATE
12. THE NAM:	STD BETANCOURT, EDUARDO	and their applicance (ISOT) DIRECTORS	t: Registered Agent signature require 13. 1 1 TITLE 1 2 NAME	od when reinstating)	LIATE CERS AND DIRECTORS IN 12
12. THE NAM: STREET ADDRESS	STD BETANCOURT, EDUARDO 11740 SW 15TH ST	and their applicance (ISOT) DIRECTORS	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS	od when reinstating)	LIATE CERS AND DIRECTORS IN 12
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12. THE NAM: STREET ADDRESS CHY-ST-ZIP	STD BETANCOURT, EDUARDO 11740 SW 15TH ST MIAMI, FL 00000 PD	and their applicance (ISOT) DIRECTORS	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CTY-ST-ZIP 2 1 TITLE	od when reinstating)	LIATE CERS AND DIRECTORS IN 12
12. THE NAM: STREET ADDRESS CHY-ST ZIP THE	STD BETANCOURT, EDUARDO 11740 SW 15TH ST MIAMI, FL 00000 PD BETANCOURT, TERESITA	not the classicans NOTE DIRECTORS DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CTY-ST-ZIP 2 1 TITLE 2 2 NAME	od when reinstating)	CERS AND DIRECTORS IN 12 Change Addition
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SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRETIDENT

2/39/96 305-633-44//

CR2E034 (12/95)