

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **J01788 (5)**
 1. Corporation Name
TRACT 43, SECTION 19, INC.



Principal Place of Business Mailing Address
3761 S.W. 139 PLACE MIAMI FL 33175 **3761 S.W. 139 PLACE MIAMI FL 33175**

3. Date Incorporated or Qualified **02/28/1986** 3a. Date of Last Report **03/21/1995**

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number 59-2657172	Applied For Not Applicable
										5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
										6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
										8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CASTELLANOS, SILVIA 3761 S.W. 139TH PLACE MIAMI FL 33175				10. Name and Address of New Registered Agent			
				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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Print Name of Registered Agent and State if Applicable) _____ (Print Name of Registered Agent Signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CASTELLANOS, MARIO			12 NAME			
STREET ADDRESS	3761 S.W. 139 PLACE			13 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33175			14 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CASTELLANOS, SILVIA			22 NAME			
STREET ADDRESS	3761 S.W. 139 PLACE			23 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33175			24 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CASTELLANOS, ROBERTO			32 NAME			
STREET ADDRESS	3761 S.W. 139 PLACE			33 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33175			34 CITY - ST - ZIP			
TITLE	T	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CASTELLANOS, RAMON			42 NAME			
STREET ADDRESS	3761 S.W. 139 PLACE			43 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33175			44 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		51 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		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 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 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Mario Castellanos* **July-17-96** **229-8733**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (3/96)