

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J02304 (0)**

1. Corporation Name
N.W. 8TH STREET CORP.



Principal Place of Business: **4020 SW 129TH AVE. MIAMI FL 33175**
Mailing Address: **4020 SW 129TH AVE. MIAMI FL 33175**

3. Date Incorporated or Qualified: **03/04/1986**
3a. Date of Last Report: **03/02/1995**
4. FEI Number: **59-2647765**
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. 193.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** State: Apt. #, etc.: **22** City & State: **23** Zip: Country: **24** 25. Country: **26** State: Apt. #, etc.: **27** City & State: **28** Zip: Country: **29** 30. Country:

9. Name and Address of Current Registered Agent

**FERNANDEZ, MANUEL
4020 SW 129TH AVE.
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 607.0500 and 607.1815, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.0520, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: P	<input type="checkbox"/> DELETE	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. NAME: FERBABDEZ, MANUEL		2. NAME:	
3. STREET ADDRESS: 4020 SW 129TH AVE.		3. STREET ADDRESS:	
4. CITY, ST., ZIP: MIAMI FL 33175		4. CITY, ST., ZIP:	
5. TITLE: VP	<input type="checkbox"/> DELETE	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME: FERNANDEZ, GLADYS		6. NAME:	
7. STREET ADDRESS: 4020 SW 129TH AVE.		7. STREET ADDRESS:	
8. CITY, ST., ZIP: MIAMI FL 33175		8. CITY, ST., ZIP:	
9. TITLE:	<input type="checkbox"/> DELETE	9. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME:		10. NAME:	
11. STREET ADDRESS:		11. STREET ADDRESS:	
12. CITY, ST., ZIP:		12. CITY, ST., ZIP:	
13. TITLE:	<input type="checkbox"/> DELETE	13. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME:		14. NAME:	
15. STREET ADDRESS:		15. STREET ADDRESS:	
16. CITY, ST., ZIP:		16. CITY, ST., ZIP:	
17. TITLE:	<input type="checkbox"/> DELETE	17. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME:		18. NAME:	
19. STREET ADDRESS:		19. STREET ADDRESS:	
20. CITY, ST., ZIP:		20. CITY, ST., ZIP:	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a) Florida Statutes. I further certify that the information included 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or as an addition with an address.

SIGNATURE: *Manuel Fernandez* V.P. 1-17-96 (305) 854-8525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)