

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 12 1996 8:00 am
Secretary of State

DOCUMENT # **J69219** (0)
1. Corporation Name
GENERAL, INC.

Principal Place of Business: **899 SOUTH AMERICA WAY P.O. BOX 013901- MAIN OFFICE MIAMI FL 33101**
Mailing Address: **899 SOUTH AMERICA WAY P.O. BOX 013901- MAIN OFFICE MIAMI FL 33101**



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

3. Date Incorporated or Qualified: **04/23/1987** 3a. Date of Last Report: **03/28/1995**
4. FEI Number: **59-2800973** Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 193.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**STINSON, LOUIS JR.
4675 PONCE DE LEON BLVD.
STE. 305
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0900 and 607.1501, Florida Statutes, to allow a named corporation, subsidiary, or registered agent, or both, in the State of Florida, to change its registered office, to change its registered agent, or both, as authorized by the corporation's board of directors, thereby, accept the appointment as registered agent, I am hereby waiving and accepting the obligations of Sections 607.0900 and 607.1501, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

DP	<input type="checkbox"/> DELETE
NAME: HARRINGTON, NEAL L.	
STREET ADDRESS: 899 SOUTH AMERICA WAY	
CITY, ST, ZIP: MIAMI FL 33101	
D	<input type="checkbox"/> DELETE
NAME: MONOCANDILLOS, JORDAN	
STREET ADDRESS: 3201 N.W 24 STREET ROAD	
CITY, ST, ZIP: MIAMI FL 33142	
D	<input type="checkbox"/> DELETE
NAME: KATSOUFIS, PARIS G	
STREET ADDRESS: 899 SOUTH AMERICA WAY	
CITY, ST, ZIP: MIAMI FL 33101	
S	<input type="checkbox"/> DELETE
NAME: STINSON, LOUIS JR	
STREET ADDRESS: 4675 PONCE DE LEON BLVD #305	
CITY, ST, ZIP: CORAL GABLES FL	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 STREET ADDRESS	
19 CITY, ST, ZIP	
20 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 STREET ADDRESS	
22 CITY, ST, ZIP	33146
23 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 STREET ADDRESS	
28 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 119.02(9)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered agent, or both, as authorized by the corporation's board of directors, and that my name appears in Block 12 or Block 13 if changes have occurred. I consent with an affidavit.

SIGNATURE: **Louis Stinson, Jr. Secy.** 1/24/96 305-667-7571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)