

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

DOCUMENT # **J86908** (7)
1. Corporation Name
THE CORNER OF TAMPA, INC.



Principal Place of Business: % SANDRA VALDES, 8003 N. ROME AVENUE, TAMPA FL 33604
Mailing Address: % SANDRA VALDES, 8003 N. ROME AVENUE, TAMPA FL 33604

3. Date Incorporated or Qualified: **08/06/1987**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-2859739**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **5019 N. LOIS AVE**, 22 **Tampa FL**, 23 **33614**, 24 **USA**
2a. Mailing Address: 26 **same**, 27 **Tampa FL**, 28 **33614**, 29 **USA**

9. Name and Address of Current Registered Agent
VALDES, SANDRA
8003 N. ROME AVENUE
TAMPA FL 33604

10. Name and Address of New Registered Agent
81 Name: **Gonzalo Valdes**
82 Street Address (P.O. Box Number is Not Acceptable): **8003 N. ROME AVE**
83 **Tampa FL**
84 City: **Tampa FL**, 85 Zip Code: **33604**

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 obligation of, Section 605, Florida Statutes.

SIGNATURE: *[Signature]* **Gonzalo Valdes** 1-22-96

12. OFFICERS AND DIRECTORS

DP	NAME: VALDES, SANDRA	STREET ADDRESS: 8003 N. ROME AVE.	CITY-STATE-ZIP: TAMPA FL	<input type="checkbox"/> DELETE
DS	NAME: ESQUIROL, JORGE L.	STREET ADDRESS: 8003 N. ROME AVE.	CITY-STATE-ZIP: TAMPA FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	NAME: Gonzalo Valdes	STREET ADDRESS: 8003 N. ROME AVE	CITY-STATE-ZIP: Tampa FL 33604	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Gonzalo Valdes** 1-22-96 8139334585

CR2E034 (12/95)