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

CORPORATION ANNUAL REPORT



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

1996

K25342

(2)

DOCUM 1. Corporation N		·		1 HANDH DIA DAGA DIA DAGA		
Principal Place o	of Rusinass	Mailing Address				
25431 S.W. 127TH AVE MIAMI FL 33032		25431 S.W. 127TH AVE MIAMI FL 33032				
				3. Date Incorporated or Qualified 05/25/1988	3a. Date of Last Report 03/10/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0054905	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Gertificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		
24	25 9. Name and Address of Currer	29 29 Agent	30	10. Name and Address of New F		
			81 Name			
LORENZO, BERTO			82 Street Adde	82 Street Address (P.O. Box Number is Not Acceptable)		
	S.W. 127TH AVE		00			
MIAMI FL 33032			83			
			84 City		FL 85 Zip Code	
SIGNATURE 3	of doze, types or privious rang of registered a job OFFICERS AN	rant stein abenesher (	North Registation Agent signature require	ADDITIONS/CHANGES TO OFF	DATE TICERS AND DIRECTORS IN 12	
TIFLE	D	DELETE	1. 1 TITLE		Change Addition	
NAME	LORENZO, BERTO		1.2 NAME			
STREET ADDRESS CITY-ST-7IP	25431 S.W. 127TH AVE MIAMI FL		1.3 STREET ADDRESS 1.4 CITY - ST- ZIP			
TITLE	0	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition	
NAME	CALVO, LEONOR		2 2 NAME			
STREET ADDRESS	25431 S.W. 127TH AVE		2.3 STHEET ADDRESS			
CITY - S1 - ZIP	MIAMI FL	☐ DELFTE	2.4 CITY - ST - ZIP 3.1 TILLE		Change Addition	
TITLE NAME			3 1 11/LE 3 2 NAME		Cushide C Voquan	
STREET ADDRESS			33 STHEET ADDRESS			
City - St - ZiF			3.4 CITY ST ZIP			
TITLE		DELETE	4 1 TILLE		Change Addition	
NAME			4.2 NAMÉ			
STREET ADDRESS			4.3 STREET ADDRESS			
C/TY - ST - Z/P			4 4 CITY - ST ZIP		Change El Addition	
TITLE		☐ DELETE	5 1 TITLE		Criange Addition	
NAME CLOSUL ACCORGO			5.2 NAME			
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-Z-P			
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition	
NAME		_	6.2 NAME			
STREET ADDRESS			6.3 STREET ACORESS			
CITY - ST - ZIP			6.4 CITY - ST - ZIP			
certify that	the information indicated on was ann	rual report or supplemental a	nnual report is true and accur-	for the exemption stated in Section 115 ate and that my signature shall have the is report as required by Chapter 607. F	e same legal effect as if made under	

SIGNATURE:

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR