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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

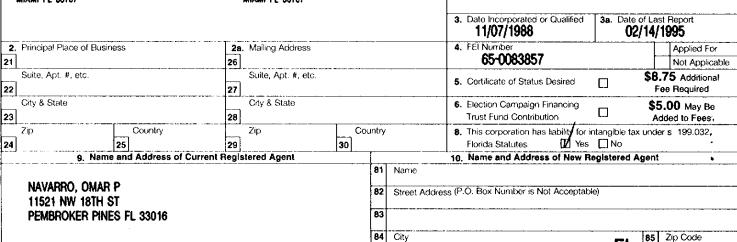
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Principal Place of Business Mailing Address

3371 NW 107 ST MIAMI FL 33167

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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	Signature, typus or printed name of registered agent and		TE: Registered Agent signature required	when renstating: 4-12 - 96  DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	□ DELETE	1. 1 TITLE	Change Addition
NAME	NAVARRO, JORGE LUIS		1.2 NAME	
STREET ADDRESS	450 W. 42ND STREET		1.3 STREET ADDRESS	
City-St-ZIP	HIALEAH FL		14 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	NAVARRO, OMAR P.		2 2 NAME	
STREET ADDRESS	11521 NW 18TH ST		2 3 STREET ADDRESS	
CITY - ST - ZIP	PEMBROKER PINES FL		2 4 CITY-ST-ZIP	
TITLE		DELETE	3 1 1/TLE	Change Addition
NAME			32 NAME	
STREET ADDRESS			3.3. STREET ADDRESS	
CITY - ST - ZIP			3 4 CITY - ST - ZIP	
TETLE		☐ DELETÉ	4 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	'
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TIFLE		DELETE	5 I TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY- ST-ZIP	
TITLE		☐ DELFTE	6. 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CI1Y - S1 - 7IP			6 4 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

4-12-96
Dare Daytime Priorie 4