

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K53513** (3)

1. Corporation Name
CARDEL FIRE PROTECTION, INC.



Principal Place of Business: **4237 SW 75TH AVE MIAMI FL 33155**
Mailing Address: **4237 SW 75TH AVE MIAMI FL 33155**

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

3. Date Incorporated or Qualified: **12/23/1988** 3a. Date of Last Report: **02/24/1995**
4. FEI Number: **65-0157963** Applied For: Not Applicable
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. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**CARBALLO, DELIA R.
4237 SW 75TH AVE
MIAMI FL 33155**

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 607.0602 and 607.1503, 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 607.0603, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	CARBALLO, JORGE R.	
3. STREET ADDRESS	9680 SW 34 ST	
4. CITY, ST, ZIP	MIAMI FL	
5. TITLE	VSD	<input type="checkbox"/> DELETE
6. NAME	CARBALLO, JORGE V.	
7. STREET ADDRESS	9680 SW 34 ST	
8. CITY, ST, ZIP	MIAMI FL	
9. TITLE	TD	<input type="checkbox"/> DELETE
10. NAME	CARBALLO, DELIA R.	
11. STREET ADDRESS	9680 SW 34 ST	
12. CITY, ST, ZIP	MIAMI FL	
13. TITLE	V	<input type="checkbox"/> DELETE
14. NAME	ANON, IDANIA G.	
15. STREET ADDRESS	9680 SW 34 ST	
16. CITY, ST, ZIP	MIAMI FL	
17. TITLE	V	<input type="checkbox"/> DELETE
18. NAME	CARBALLO, LILIANA Y.	
19. STREET ADDRESS	9680 SW 34 ST	
20. CITY, ST, ZIP	MIAMI FL	
21. TITLE		<input type="checkbox"/> DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied within this filing voluntarily, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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: *Delia Carballo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 (305) 262-1264
DATE OF FILING

CR2E034 (12/95)