21         26         56-0091682         Monta Jack           22         27         Sche Art. #, etc.         27         Sche Art. #, etc.         28         75         Additional Statute           20         27         Correction Status Desired         Respective Additional Statutes         Respective Addit		PROFIT PORATION JAL REPORT 1996	Sandra Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS		
Photogen Deck of Baceness         Marking Address           1931 FOACE ELCON BUD. SUITE # 201 COPAL GARLES FL 33134         313 FOACE DE LEON BUD. SUITE # 201 COPAL GARLES FL 33134         313 FOACE DE LEON BUD. SUITE # 201 COPAL GARLES FL 33134         3a. Drive of Land Report Of/18/19829         3a. Drive of Land Report Of/18/19829         3a. Drive of Land Report Of/18/19829         3b. Drive of Land Report Participation Report Participati	1. Corporation Name		2 (9)			
21     page     Schult, April, #, etc.     Schult, April,	1313 PONCE SUITE #201	DE LEON BLVD.	1313 PONCE DE LEON SUITE #201		3. Date Incorporated or Qualified	3a. Date of Last Report
Subtract Apt 4, etc.     State, Apt 4, etc.     State, Apt 4, etc.     State, Apt 4, etc.       22     27     State     State, Apt 4, etc.     State, Apt 4, etc.       21     27     State, Apt 4, etc.     State, Apt 4, etc.     State, Apt 4, etc.       22     27     State, Apt 4, etc.     State, Apt 4, etc.     State, Apt 4, etc.       21     20     20     State, Apt 4, etc.     State, Apt 4, etc.       22     20     20     State, Apt 4, etc.     State, Apt 4, etc.       21     22     20     30     Fred status Desired       22     20     30     Fred status Desired     State, Apt 4, etc.       23     20     Country     State, Apt 4, etc.     State, Apt 4, etc.       24     28     29     30     Fred status Desired     State, Apt 4, etc.       24     28     State, Apt 4, etc.     State, Apt 4, etc.     State, Apt 4, etc.       25     28     30     Fred status Desired Apt 4, etc.     State, Apt 4, etc.       26     28     State, Apt 4, etc.     State, Apt 4, etc.     State, Apt 4, etc.       27     28     State, Apt 4, etc.     State, Apt 4, etc.     State, Apt 4, etc.       28     State, Apt 4, etc.     State, Apt 4, etc.     State, Apt 4, etc.     State, Apt 4, etc		ace of Business				Applied For
Zel         City & State         End Comparison         State         State <th>Suite, Apt. /</th> <th>H, etc.</th> <th>Suite, Apt. #, etc.</th> <th></th> <th>······································</th> <th>\$8.75 Additional</th>	Suite, Apt. /	H, etc.	Suite, Apt. #, etc.		······································	\$8.75 Additional
24     25     26     20     Finde Statutes     Yes     No       9. Hane and Address of Current Registered Agent     10     Name and Address of New Registered Agent     1       GARCIA, BALDOMEERO 3500 S.W. 13TH ST MIAHI FL 33TS     11     Name and Address (P.O. Box Number is Not Acceptable)     8       91     City     FL     8     Street Address (P.O. Box Number is Not Acceptable)     8       93     City     FL     8     Zip Code     1       94     City     FL     8     Zip Code       95     City     FL     8     Zip Code       96     City     FL     8     Zip Code       97     City     FL     8     Zip Code       98     City     FL     8<	City & State		City & State			
9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       GARCIA, BALDOMERO 3500 S.W. 13TH ST MIAMI FL 33135     61       94     City     EL       94     City       94     City       94     City       94     City       95     Marke and Address of Colors 607.6502 and 607.1508. Forida, Strutes, the above named comportion submits the statement for the purpose of charging the registered agent, in the State of Forida, State charging was subinized by the comparison's boerd of directors. I hereby accept the appointment as registered agent, in the State of Forida, State of the State of the State of Products and the state of Products and the state of Products and the state of the State of the State of Products and the state of Products and the state of Products and the state of the sta			herman i			
GARCIA, BALDOMERO 3500 S.W. 13TH ST MIAMI FL 33135 <ul> <li>Street Address (P.O. Box Number is Not Acceptable)</li> <li>Street Address (P.O. Box Number is Not Acceptable)</li> <li>Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> </ul> <li> <ul> <li>Street Address (P.O. Box Number is Not Acceptable)</li> <li>Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>Bit Street Address (P.O. Box Number is Not Acceptable)</li> <li>B</li></ul></li>			I		$\sim$	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Forida Statutes, the above canced convocation submits this statement for the pursues of changing its registered agant. I a tender with and accept the appointment as registered agant. I a formality with and accept the appointment as registered agant. I a formality with and accept the appointment as registered agant. I a formality with and accept the appointment as registered agant. I a formality with and accept the appointment as registered agant. I a formality with and accept the appointment as registered agant. I a formality with and accept the appointment as registered agant. I a formality with and accept the appointment as registered agant. I a formality with a formality of formality of formality with a formality of formalit	3500 S.V	W. 13TH ST		82 Street Addr 83	ess (P.O. Box Number is Not Acceptab	
Inte       PD       DELETE       1.1 Inte       Change       Add         NAME       GARCIA, BALDOMERO       13 SIMEET ADDRESS       3500 S.W. 13TH ST       13 SIMEET ADDRESS         STREET ADDRESS       MIAMI FL       14 DITY-ST-2P       MIAMI FL       0 Change       Add         Inte       TD       DELETE       2 Inte       0 Change       Add         STREET ADDRESS       3500 S.W. 13TH ST       2 SIMEET ADDRESS       0 Change       Add         STREET ADDRESS       3500 S.W. 13TH ST       2 SIMEET ADDRESS       0 Change       Add         STREET ADDRESS       3500 S.W. 13TH ST       2 SIMEET ADDRESS       0 Change       Add         STREET ADDRESS       3500 S.W. 13TH ST       2 SIMEET ADDRESS       0 Change       Add         STREET ADDRESS       3 SIMEET ADDRESS       0 Change       Add       0 Change       Add         STREET ADDRESS       3 SIMEET ADDRESS       0 Change       Add       0 Change       Add         STREET ADDRESS       0 DELETE       1 TITLE       0 Change       Add         STREET ADDRESS       0 SIMEET ADDRESS       0 SIMAE       0 SIMAE </th <th>familiar wit</th> <th>In, and accept the obligations of, Section Signature, based or printed name of registered agent</th> <th>tion 607.0505, Florida Statutes.</th> <th>TE: Registered Agent signature require</th> <th>d when reinstanng)</th> <th>-</th>	familiar wit	In, and accept the obligations of, Section Signature, based or printed name of registered agent	tion 607.0505, Florida Statutes.	TE: Registered Agent signature require	d when reinstanng)	-
NAME     GARCIA, BALDOMERO     12 NAME       STREET ADDRESS     3500 S.W. 13TH ST     13 STREET ADDRESS       LTY-ST-2P     MIAMI FL     14 CITY-ST-2P       TITLE     TD     DELFTE       AAVE     GARCIA, JORGE LUIS       STREET ADDRESS     3500 S.W. 13TH ST       CITY-ST-2P     MIAMI FL       TITLE     DELFTE       STREET ADDRESS     3500 S.W. 13TH ST       CITY-ST-2P     MIAMI FL       TITLE     DELETE       STREET ADDRESS     35 STREET ADDRESS       CITY-ST-2P     MIAMI FL       TITLE     DELETE       STREET ADDRESS     3 STREET ADDRESS       CITY-ST-7P     34 CITY-ST-2P       TITLE     DELETE       STREET ADDRESS     35 STREET ADDRESS       CITY-ST-7P     34 CITY-ST-2P       TITLE     DELETE       STREET ADDRESS     35 STREET ADDRESS       CITY-ST-7P     34 CITY-ST-2P       TITLE     DELETE       STREET ADDRESS     42 NAME       STREET ADDRESS     33 STREET ADDRESS       CITY-ST-7P     44 CITY-ST-2P       TITLE     DELETE       NAME     53 STREET ADDRESS       CITY-ST-7P			······································		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TITLE       TD       DELFTE       2 1 TITLE       Change       Add         NAME       GARCIA, JORGE LUIS       3500 S.W. 13TH ST       23 STREET ADDRESS       23 STREET ADDRESS       24 CNY-ST-ZIP	STREET ADDRESS	3500 S.W. 13TH ST		1.3 STREET ADDRESS		CERS AND DIRECTORS IN 12 CERS AND DIRECTORS IN 12 Change 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 furth 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 ur oath; that I am an officer or director of the coveration of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my nan appears in Block 12 or Block 13 if changed or on arrait achiment with an address. SIGNATURE:	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST- 2IP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- 2IP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST- 2IP		Change Addition