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 #

Principal Place of Business

MIAMI FL 33133

US

21

22

23

24

 Z_{10}

% MICHAEL ORTIZ. PA 2665 S. BAYSHORE DR. #902

2. Principal Place of Business

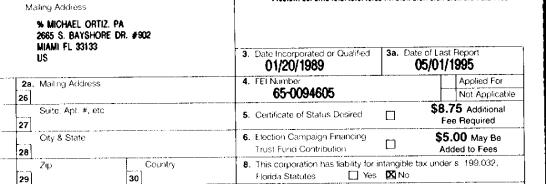
Suite, Apt #, etc.

City & State

K59883

(4)

APPALOOSA, INC.



9. Name and Address of Current Registered Agent
ORTIZ, MICHAEL
2665 S. BAYSHORE DR.
STE 902
MIAMI FL 33133

Country

25

81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				-
83					
84	City	FI	85	Zip Code	

10. Name and Address of New Registered Agent

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.

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
T TLE	DP	DELETE	1 1 7011.6	Cnange	Addition
.AME	ORTIZ, MICHAEL		1.2 NAME		
IREET ADDRESS	2665 S BAYSHORE DR SUITE 902		1.3 STREET ADDRESS		
iTY - ST - ZiP	MIAMI FL		14 CITY - ST - ZIP		
TLE	\$	DELETÉ	2 1 TITLE	☐ Change	Additio
AME	BURNEO, CLARA		2 2 NAME		
TREET ADDRESS	2665 S BAYSHORE DR SUITE 902		2.3 STREET ADDRESS		
:TY-\$1-7iP	MIAMI FL		2 4 CHY 51 - 7 F		-
*LE		DEFEIE	3 1 TITLE	☐ Change	Add tio
AME			3.2 NAME		
TREET ADDRESS			3.3 STREET ADDRESS		
IIY-ST-ZIF			3.4 CHY - S1 - 7IP		P-12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ITLE		DELETE	4 1 TIT. F	Change	Additio
AME			4.2 NAME		
TREET ADDRESS			4.3 STHEET ADDRESS		
17Y - ST - 719			4 4 CITY ST ZIP		
ITLE		□ DELETE	5 1 THLE	☐ Change	Additio
AME			5.2 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		
IY-ST-ZI€			5.4 City - ST - ZiP		
ITLE		☐ DELETE	6 1 FILLE	Change	Addit a
AME			6.2 NAME		
THEFT ADDRESS			6.3 STHEFT ADDRESS		
			64 City . \$1. 7.0		

617: 51-2P

14. If do hereby certify that the information supplied with this firing 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 this corporation or the receiver or trusted 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 the address.

SIGNATURE:

MICHAEL OF MICHAEL OF

MICHAEL ORTIZ, President/Director

Daytete, Physic R

CR2E034 (12/95)