

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sarah B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K76350** (3)

1. Corporation Name
ATHLONE OF FLORIDA INC.

Principal Place of Business: **29 SW 36 COURT MIAMI FL 33135**
Mailing Address: **29 SW 36 COURT MIAMI FL 33135**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or created: **03/29/1989**
3a. Date of Last Report: **06/16/1994**

4. FFI Number: **65-0179308**
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 5-199-032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALDERON-FLORES, PURA
29 SW 36 COURT
MIAMI FL 33135

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 607.1508, 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 _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	LABARTINO, VINCENZO
STREET ADDRESS	29 SW 36TH COURT
CITY, ST, ZIP	MIAMI FL 33135
TITLE	PD
NAME	MARTINEZ SERODIO, BASILIO
STREET ADDRESS	29 SW 36TH CT
CITY, ST, ZIP	MIAMI FL
TITLE	T
NAME	CALDERON-FLORES, PURA
STREET ADDRESS	29 SW 36TH CT
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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3. STREET ADDRESS	
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4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07(2)(g), 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 the corporation or the officer or director empowered to cause this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing. I do not have any change of or an attachment with an address.

SIGNATURE: *Pura Calderon-Flores*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pura Calderon-Flores 4-27-95 (305) 443-9454