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PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



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

	1996	DIVISION	OF CORPORA	ATIONS			
. Corporation	MENT # LO23 EINVESTMENTS INC.	305 (5)					
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rincipal Place	of Business	Mailing Address		· 4 · 4 · 7 ·			
% MANUEL L		% MANUEL L. RIVER					
1313 PONCE CORAL GABL	DE LEON BLVD #201 .es fl 33134	1313 PONCE DE LE CORAL GABLES FL		1			
					3. Date Incorporated or Qualified 07/17/1989		f Last Report) 1/1995
Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	00/0	Applied For
		[26]			65-0192360		Not Applicat
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional
City & State)	City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · ·	Fee Required
	and the second s	28			Trust Fund Contribution		\$5.00 May Be Added to Fees
Zφ	Country 25	Z _i p	Cour	ntry	8. This corporation has liability for		under s. 199.032,
	9. Name and Address of Cu	29 urrent Registered Agent	30		Florida Statutes Yes 10. Name and Address of New I	s ∏No Registered Ag	ent
				B1 Name			
VINAS, F			ŀ	82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)	
1313 PO SUITE 20	NCE DE LEON BLVD		-	83			
			ĺ	03			
I I ASH S: 1	CORAL GABLS FL 33134						OF Zin Code
. Pursuant to or registere familiar witi	a the provisions of Sections 607.	rionda. Such change was author	utes, the abov	84 City /e-named corporation's boa	oration submits this statement for the pu ard of directors. I hereby accept the app	FL	85 Zip Code ping its registered of gistered agent. I am
Pursuant to or registere familiar witi	o the provisions of Sections 607.4 ed agent, or both, in the State of h, and accept the obligations of, Signature, typed or ported name of registered OFFICERS	Florida: Such change was autho Section 607.0505, Florida Statut Lagont and time if applicable [5 S AND DIRIECTORS	utes, the abovized by the coles.	o named corne	ard of directors. I hereby accept the app	Irpose of chang pointment as req DATE	ging its registered of gistered agent. I am
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ROBERT VINAS

SIGNATURE AND TYPED OFF HINI SO HAME OF SIGNING OFFICER OF DIRECTOR

4/30/96

443-8500

Daytime Phone #