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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # L11438

(3)

rincipal Place ** MARIA 8. 13405 N.E. 21	RUIZ ND CT.	Mailing Address ** MARIA B. RUIZ 13405 N.E. 2ND CT.	Mailing Address ** MARIA B. RUIZ 13405 N.E. 2ND CT.				
MIAMI FL 33161		MIAMI FL 33161		3. Date Incorporated or Qualified 08/23/1989	3a. Date of La 05/01/	*	
Principal Pla	ace of Business	2a. Mailing Address			4. FEI Numbor		Applied For
L		26			65-0142190		Not Applicabl
Suite, Apt. #		Suite, Apl. #, etc.			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State	,	Gity & State			Flection Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Z.ip	Country	Zφ	Country		8. This corporation has liability for		
1	25	29	[30]		Florida Statutes Yes		
	9. Name and Address of Cu	rrent Registered Agent		Г 70	10. Name and Address of New F	Registered Ageni	t
D1117 D2			81	Name			
Ruiz, Pedro 715 ne 152 street			82	Street Addr	eet Address (P.O. Box Number is Not Acceptable)		
	132 STREET FL 33162		83				
IA IAISAMI	1 FL 33102						
			84	City		FL B5	Zip Code
familiar witi	h, and accept the obligations of, I	Section 607.0505, Florida Statute	35.	iciation's boar	rd of directors. Frieldby accept trie app	oritine it as regist	
GNATURE _	Signature, typed or printed having of his justiced		OS. VÕIE: Rogishaed Age		ration submits this statement for the pur rd of directors. I hereby accept the app of when reinstating. ADDITIONS/CHANGES TO OFF	OATE	
ignature	Sanaturi, Igrael or printed name of riogest cod OF FICE RS	asprolauvoititu tappak allako (h	VOTE: Registered Age		id when reinstating.	OATE	CTORS IN 12
GNATURE	Signature, typical or printed named of responsed OFFICE RS S RUIZ, CARMEN Y.	agenta and title Lagger allelo (6 S AND DEFECTORS	13. 1.1 HILE 1.2 NAME	nt signatura require	id when reinstating.	OATE ICERS AND DIRE	CTORS IN 12
GNATURE _ S LE ME REET ADDRESS	Signature, typical or printed manifest respective AS OFFICE RS S RUIZ, CARMEN Y. 715 NE 152 ST	agenta and title Lagger allelo (6 S AND DEFECTORS	13. 1.1 Title 1.2 NAME 1.3 STREFT	nt signaturo require	id when reinstating.	OATE ICERS AND DIRE	CTORS IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96 305-899-0973 Dato Dato Datone Proces