

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # L13828 (3)
1. Corporation Name
MANSO, INC.



Principal Place of Business: **1209 CORDOVA STREET CORAL GABLES 33134**
Mailing Address: **1950 BRICKELL AVENUE APT #108 MIAMI FL 33129 US**

3. Date Incorporated or Qualified: **09/01/1989**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **65-0144703**
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 s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**DEGONGORA, CECILIA
10710 SW 38TH ST.
MIAMI FL 33165**

10. Name and Address of New Registered Agent
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 607.0502 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.

SIGNATURE: *[Signature]* DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	P		
NAME	SOTO, MANNY		
STREET ADDRESS	1209 CORDOVA ST.		
CITY - ST - ZIP	CORAL GABLES FL		
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE			
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE			
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE			
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, in an attachment with an address

SIGNATURE: *[Signature]* DATE: **8/3/96** **305-859-2081**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)