

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L19491

(4)

1. Corporation Name

MANCHESTER CORPORATION

Principal Place of Business

HECTOR J. MIR
2655 LE JEUNE RD #1107
CORAL GABLES FL 33134

Mailing Address

HECTOR J. MIR
2655 LE JEUNE RD #1107
CORAL GABLES FL 33134



2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MIR, HECTOR J
2655 LE JEUNE RD #1107
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
09/27/1989

3a. Date of Last Report
06/21/1995

4. FCI Number
65-0153838

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. 193.032,
Florida Statutes. ☐ Yes ☒ No

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 607.0137 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

TITLE	DPT	☐ DELETE
NAME	MARTINS, ELPIDIO	
STREET ADDRESS	%2655 LE JEUNE RD #1107	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE	DVS	☐ DELETE
NAME	MARTINS, GILDA	
STREET ADDRESS	%2655 LE JEUNE RD #1107	
CITY-STATE-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. NAME	
6. STREET ADDRESS	
7. CITY-STATE-ZIP	☐ Change ☐ Addition
8. NAME	
9. STREET ADDRESS	
10. CITY-STATE-ZIP	☐ Change ☐ Addition
11. NAME	
12. STREET ADDRESS	
13. CITY-STATE-ZIP	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. NAME	
18. STREET ADDRESS	
19. CITY-STATE-ZIP	☐ Change ☐ 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)(b), 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, that the person or business represented by me is the corporation to be reported as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an additional sheet with an address.

SIGNATURE:

ELPIDIO MARTINS
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

03/27/96 (305) 444 0960
Date Registered Agent

CR2E034 (12/95)