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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCLIMENT #

1. Corporation Name ASPIRO CORPORATION Principal Place of Business Marling Address 6406 N CAMERON AVE 6406 N CAMERON AVE										
TAMPA FL 3		TAMPA FL 33614								
2. Principa' Pi	lace of Business	2a. Mailing Address			·	Date Incorporated or Qualified 10/26/1989 Fet Number	1	of Last I 5/01/19	95	
21		26	···			59-3022291	Applied For Not Applicable			ole
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional			
City & State	e	Oity & State				6. Election Campaign Financing			Required	
23		28	28			Trust Fund Contribution			00 May Be led to Fees	
Zφ	Country	<i>Z</i> (p	Cou	rilry		8. This corporation has liability for it				
24	25 9. Name and Address of Curre	29	30	r ·· • <i>-</i>		Florida Statutes X Yes				
	g, Name and Address of Corre	in Registered Agent		81	Name	10. Name and Address of New R	egistered .	Agent		
ACDIDA	JOSE R.									
	CAMERON AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)			
TAMPA FL 33614										_
	. 2 33311		ļ							
					City		FL	1 1	?ip Code	
 Pursuant I or register familiar wit 	to the provisions of Sections 607,050 red agent, or both, in the State of Flor th, and accept the obligations of, Soc	2 and 607.1508, Florida Statute da Such change was authorization 607.0506, Florida Statutes	es, the abored by the c	ve nar orpor	med corpera ation's boar	ation submits this statement for the purp d of directors. I hereby accept the appo	pose of cha intment as	riging its registere	registered offi d agent I am	ce
SIGNATURE										
	Signature, typed or pristed name of registere ragin			Ayeris	ejnature respinski	When reinstang)	DATE			િહ
12.	DP OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFE				
NAME	ASPIRO, JOSE R.		1 1 1 1			L] Change	Addition	CR2E034 (12/95)
STREET ADDRESS	6406 N CAMERON AVE			1.2 NAME						8
CITY-ST-ZIP	TAMPA FL		1.3 STREET ADDRESS 1.4 CITY - STI-ZIP							١Ä
TITLE	DST	DELETE			Zir			7 Change	Addition	-18
NAME	ASPIRO, BERTHA M.		2 1 TITLE 2 2 NAME				Ļ.,] Gridings	C. Addition	
STREET ADDRESS	6406 N CAMERON AVE		2.3 S1REE		DDRESS					
CITY-ST-ZIP	TAMPA FL		24 01	Y-ST-2	ZIP					İ
TITLE	D	DELETE	3 1 T.I	TILF				Change	☐ Addition	-
NAME	RONDON, MARIA E.		3.2 NA/	3 2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS		DDRESS					
CITY - ST- ZIP TITLE	TAMPA FL	F DELLA	3 4 CiTy		ZIP					
NAME .	D ACRIDO IODOE I	DELETE	4, 1 7()] Change	Addition	
STREET ADDRESS	ASPIRO, JORGE L. 6406 N CAMERON AVE		4.2 NAF							
CITY - ST - ZIP	TAMPA FL			REET AD						
TITLE	TOTAL CALL	[] DECETE	5 1 III	Y - ST - 7	Z:P			1 Change	FT Address	_
NAME		<u> </u>	5 2 NAM				L] Change	☐ Addition	
STREET ADDRESS			- 1	VE BEELAD	ORESS					
CITY-ST-ZIP										
TITLE		☐ DELETE		5 4 CITY - S1 - ZIP € 1 TITLE			Г	Change	☐ Add-tion	\dashv
NAME			6.2 NAM	ΝE			L			
STREET ADDRESS			6 3 SIA	ilet adi	DRESS					
CITY - ST - ZIP		·	6.4 CiT	Y - S1 - Z	7.P					
14. LOO hereby	certify that the information supplied	with this filmous voluntarily furni-	shoot and d	looe n	ot quality for	the evenuation stated in Continue 110.0	7/20/20 50 1			

14. I do hereby certify that the information supplied with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(x), 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 trusted enipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 thehanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE

SIGN