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

DOCUMENT #
1. Corporation Name

L51175

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(2)

OFFICE RENTALS, INC.									
Principal Place	of Business	Mailing Address				- 1 10011014 081 04161 11004 11011 1004	II WAAL WEDERA	//Bil Bibil Bibi	I BIBK BIBK IBBI
% ANTONIO 13000 SW 1. MIAMI FL 33	20TH ST.	% ANTONIO FROYO 13000 SW 120TH ST. MIAMI FL 33186							
				,		3. Date Incorporated or Qualified 02/19/1990		te of Last Ri 04/18/19	95
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number			Applied For
21	1 010	26				65-0024029	~ -		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	٦ ' ' '			5. Certificate of Status Desired \$8.75 Add Fee Requi			
City & State			City & State			Election Campaign Financing \$5.00 May Be			· :
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s 199,032,			
24	25	29	30			Florida Statutes Yes No			
	g. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New R	egistered	Agent	
			18	31	Name				
	, ANTONIO		1	32	Street Addres	ddress (P.O. Box Number is Not Acceptable)			
	W 120TH ST.		-	33					
MIAMI F	L 33186			"					
	•		3	34	City		Fil	85 Zij	p Code
or registere	o the provisions of Sections 607.050 and agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida. Such change was authoriz	zed by the co	e-na orpoi	amed corporat ration's board	tion submits this statement for the pur of directors. Thereby accept the appo	pose of cl	nanging its r is registered	egistered office agent. Lam
SIGNATURE _									
12.	Signature, typed or printed name of registered age OFFICE'RS At	nt and title if applicable. (NY. ND DIRECTORS	O1E: Registered A	gent :	signature required v	ADDITIONS/CHANGES TO OFF	DATE ICERS (N	ID DIRECTO	IRS IN 12
TITLE	D	DELETE		1. 1 1/TLE		A DEFINANCE OF PARTIES TO GET	OLI IO 74	Change	Addition
NAME	FROYO, ANTONIO		1.2 NAN	đΕ					_
STREET ADDRESS	13000 SW 120TH ST		1.3 STR	1.3 STREET ADDRESS			•		
City-St-ZiP	MIAMI FL	լ			- ZIP				
TITLE	D	☐ DELETE		2. 1 TITLE				Change	Addition
NAME	Perrin, arthur		2 2 NAN	2 2 NAME					
STREET ADDRESS	13000 SW 120TH ST.		2.3 STR	EET A	DDRESS				
CITY-ST-ZIP	MIAMI FL			/-SI	- ZIP	 	 .		
TITLE	D Branks	☐ DELETE	3. 1 TITI					☐ Change	☐ Addition
NAME	FROYO, IVANKA			3 2 NAME					
STREET ADDRESS	13000 SW 120TH ST				ADDRESS				
CITY-ST-ZIP TITLE	MIAMI FL D	□ DELETÉ	4, 1 TITI		- 4117			Change	Addition
NAME	PERRIN, ROSE	[] beccie	4.1) NAN					CT CHRUNG	L.J radinon
STREET ADDRESS	13000 SW 120TH ST				DDRESS				
CITY-ST-ZIP	MIAMI FL		4.3 STN		1				
TITLE	stalt main 1 P	☐ DELETE	5. 1 TIT					Change	Addition
NAME		 .	5.2 NAN	1E					_
STREET ADDRESS			5 3 STR	EET A	DDRESS				
CITY-ST-ZIP			5.4 CITY	/-\$1·	- ZIP				
TITLE				6 1 TITLE				Change	Addition
NAME			6.2 NAN	ΛE					
STREET ADDRESS			63 STA	EET A	LDDRESS				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	6.4 CITY						
certify that oath; that I	the information indicated on this and	nual report or supplemental and poration or the receiver or trusto	nual report is de empowere	true	and accurate	the exemption stated in Section 119, and that my signature shall have the report as required by Chapter 607, Fk	same lega	al effect as if	f made under

3/14/96 305-732 to32
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