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

L58183

(9)

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RΔR	NAN :	STRUGS	INTERNATION	AI INC
ווחע	יוותע	01 01110		T.L. (1962)

טווט	AR SI ONTO IRELINATE	IONAL, MO				
Principa Place	of Business	Mailing Address	****			ir andri digil didil dibil birih birdi digil 100:
2858 NW 7 Suite C & Miami Fl 3		2858 NW 79TH AVE Suite C & G Miami Fl 33122	ENUE			
U\$ 		US			3. Date Incorporated or Qualified 3z 03/13/1990	 Date of Last Report 05/01/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address			4. FEI Number 65-0190355	Applied For Not Applicable
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Count	 rv	This corporation has liability for intan-	Added to Fees
24	25	29	30	,	Florida Statutes Yes	
	9. Name and Address of Cu				10. Name and Address of New Regis	
			8	1 Name		
BENITE	EZ, DANIEL		8	2 Stroot Addr	ess (P.O. Box Number is Not Acceptable)	
1627 BRICKELL AVE., #1101 THIRD FLOOR			8		ess (i.e. box Normbor is Not Acceptable)	
	FL 33129		8			85 Zip Code
·····•						
or registere	o the provisions of Sections 607.0 ed agent, or both, in the State of F h, and accept the obligations of, S	rionda. Such change was authoriz	zed by the cor	-named corpor poration's boar	ation submits this statement for the purpose of of directors. I hereby accept the appointm	of changing its registered office ent as registered agent. I am
SIGNATURE:	<u></u>					
12.	Signature, typed or printed name of registered a	ager transfille in applicable (No. AND DIRECTORS)	OTE: Registered Ag	rint signature requirer		DATE.
TITLE	D	DELETE	1. 1 100		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12 [] Change [] Addition
NAME	BENITEZ, DANIEL		1.2 NAM			
STREET ADDRESS	1627 BRICKELL AVE, #	1101		ET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33129		1.4 CHY			
TITLE		[] DELETE	2.1 1/11			Change Addition
NAME		_	2 2 NAM			
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY - ST - ZIP			24 CITY	-ST-ZIF		
TITLE		DELETE	3 1 1/1/1			Change Addition
NAME			3.2 NAM			
STREET ADDRESS			3.3 STK6	ET ADDRESS		
CITY-S1-ZIP			3.4 CITY	- \$T-ZIP		
TITLE		DELETE	4. 1 TITLE			Change 🗀 Addition
NAME			4.2 NAME			
STREET ADDRESS				ET ADDRESS		•
CITY-ST-ZP		DECETE	4.4 CITY	····		
NAME		Decree	5 1 1111.0			Change Addition
STREET ADDRESS			5.2 NAME			
CITY-ST-ZiP				T ADDRESS		
TITLE		DELETE	5.4 CHY-			Change
NAME		L ,	6.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-2IP		*	6.3 STREE	1		
14 Ldo boroby	certify that the information suppli	ed with this filing is volucitarily furr	sianned and do	no wat a self fo	or the exemption stated in Section 119.07(3)	(k), Florida Statutes. I further
certify that I oath; that I appears in	the information indicated on this a am an officer or director of the co Block 12 or Block 13 if charged	annual report or supplemental and proporation or thorsectiver or truste or on a fall adminent with an add	nual report is t se empowered ress.	rue and accurat I to execute this	or the exemption stated in Section 119.07(3) the and that my signature shall have the same is report as required by Chapter 607, Florida	elogal effect as if made under Statutes; and that my name

BARTOLO BENITEZ

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 305-594-7878