COF	PROFIT RPORATION UAL REPORT 1996		Sandra Sucre	ARTMENT OF STATE B. Mortham lary of State CORPORATIONS			
DOCU I. Corporatio	MENT #	L58550	(9)	771			
·	AR CORPORATI	ON			J 188(181) 881 81181 18181 81181	dilil alif diam dich i	ikii Orla Athi Gisti Isaa
rincipal Plac	e of Business		Mailing Address				
•	M SEBASTIANI 115TH AVE		% ABRAHAM SEBAST 17219 SW 115TH AVE MIAMI FL 33157				
					3. Date Incorporated or Qualifie 03/20/1990		Last Report 14/1995
	Place of Business	5 STREET	2a. Mailing Address 26 ダミック ルコ	U. 25 STREET	4. FEI Number 65-0184112		Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional
City & State			27		6. Election Campaign Financing		\$5.00 May Be
MIA Zip		· · · · · · · · · · · · · · · · · · ·	28 MIAMI Zip	FL. Country	Trust Fund Contribution 8. This corporation has liability f		Added to Fees
33/	7.7. 25		29 33/74	30 DA DE	Florida Statutes 🔀 Y	∕es □No	
	s. Name and A	ddress of Current Ri	egisterea Agent	81 Name	10. Name and Address of Nev	v Registered Age	ent
	TIANI, ANA			82 Street Add	dress (P.O. Box Number is Not Accept	table)	
	SW 115TH AVE				· ·	•	
MAMI E	FI 22157			83			
HIMAIM F	FL 33157			83			
				84 City		- -	35 Zip Code
Pursuant to or register	to the provisions of S red agent, or both, in	Sections 607,0502 and the State of Florida, S	d 607, 1508, Fiorida Statut Such et ange, was authoriz	84 City s, the above-named corpored by the corporation's bo.	oration submits this statement for the pard of directors. I hereby accept the ap	- -	1
. Pursuant t or register familiar wi		Sections 607.0502 and the State of Florida. Soligations	1 607. 1508, Florida Statut Such change was authoriz 107. 0505, Florida Statutes	84 City s, the above-named corpored by the corporation's bo.	oration submits this statement for the part of directors. I hereby accept the ar	- -	· ·
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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 err powered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Brock 12 or Block 13 if changed, or on an attrichment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/11/96 (305) 639-2438