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CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

(6)

| Principal Place of Business 2506 PONCE DE LEON BLVD. CORAL GABLES FL 33134-6013 Mailing Address 2506 PONCE DE LEON BLVD. CORAL GABLES FL 33134-6013 | | | | | |
|--|--|---------------------------|---|---|--|
| | | | | 3. Date incorporated or Qualified 05/14/1990 | 3a. Date of Last Report 05/01/1995 |
| 2. Principal Pla | ace of Business | 2a. Mailing Address 26 | | 4. FEI Number 65-0201039 | Applied For Not Applicable |
| Suite, Apt. # | ቱ, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Ζφ 24 | Country 25 | Zip 29 | Country 30 | 8. This corporation has liability for Florida Statutes Yes | / |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New F | legistered Agent |
| 2506 PC \$-735 CORAL | ALINA JOSA DNCE DE LEON BLVD GABLES EL 33160 | | 84 City 0 | lina Susa- iress (P.O. Borthynber is Not Acceptal 506 Fonce cal Gables | De Leon FI 85 Zp Code 83 124 |
| SIGNATURE: | to the provisions of Sections 607.0502 and agent, or both, in the State of Florade th, and accept the obligations of Section Signature transfer or ported force of the obligation of Section Signature transfer or ported force of the OFFICE RS AND | TDU - V. | onzed by the corporation's biodites. #NOTE Represent Asket square congre | on who recent they | ontment as registered agent. I am 2/128/56 1057S AND DIRECTORS IN 12 |
| 12. | OFFICERS AND | DELETE | 1 ' TITLE | ADEITIONS CHANGES TO GIT | Charge Addition |
| TITLE | PEREZ-GINART, DAVID | ר שניניו | | | |
| NAME | 2506 PONCE DE LEON BLVD. | | 1 2 NAME | | |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | |
| CITY ST-ZIP | CORAL GABLES FL | C) DOLLIE | 1.4 CiTY - ST - ZIP | | Change Addition |
| TITLE | SOSA-PEREZ, ALINA | ☐ DELETE | 2.11111.6 | | Citalige Zadition |
| NAME | 2506 PONCE DE LEON BLVD. | | 2.2 NAMt | | |
| STREET ADDRESS | 1 | | 2.3 STREET ADDRESS | | |
| CITY - ST - ZIP | CORAL GABLES FL | ED DELETE | 2.4 C-TY - ST - 7/P | | Change Addition |
| TITLE | | ☐ DELETE | 3 1 11 11 1 | | |
| NAME | ļ | | 32 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
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| NAME | | | 4.2 NAME | | |
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| CITY-ST-ZP | | ☐ DELETE | 4.4 CITY - \$1 - 71P | | Change Addition |
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| STREET ADDRESS | | | 5 3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 54 CHY ST-ZIP | | Change Addition |
| TillE | | C") percie | 6 1 Till | | Contrado Contrador |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY CT. 7ID | k | | 6.4 CiTY - ST - 74P | | |

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)(k), 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attantiment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFICER

CR2E034 (12/95)