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	IAYA ACCOUNTING SERV	'	(4)			A IDAIHAH DH ADBU IDAIN HADA ADA	1 1311 1 1861 01831 01041 1	fårt 3 12% avan 1841
Principal Place of Business C/O JOSE S. AMAYA 5870 SW 45 TERRACE MIAMI FL 33155		C/O JOSE S 5870 SW 45	Mailing Address C/O JOSE S. AMAYA 5870 SW 45 TERRACE MIAMI FL 33155					
						3. Date Incorporated or Qualified	3a. Date of Last	
2. Principal Place of Business		2a. Mailing Ado	2a. Mailing Address			06/01/1990 4. FEI Number	05/01/1	
21		26	······································			65-0202818	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. :	Suite, Apt. #, etc. 27			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	
Ζιρ 24	Country 25	Ζιρ 29	Country 30			8. This corporation has liability for intangible tax under s 199.032. Florida Statutes Yos □ No		
	Name and Address of Cur	rent Registered Agent				10. Name and Address of New R		
AMAYA, JOSE S. 5870 SW 45 TERRACE				81 Name 82 Street A		ddress (F.O. Box Number is Not Acceptabl	e)	
	W 45 TEHRACE FL 33155			83				
				84	City		pm a 85 2	Zip Code
11. Pursuarit or register familiar wi	to the provisions of Sections 607.03 ed agent, or both, in the State of Fi th, and accept the obligations of, S	502 and 607.1508, Florid lorida Such change was action 607.0505, Florida	a Stat ute s, ti auth orize d bi Statutes	ne above-n y the corpo	amed con eration's b	poration submits this statement for the purpoper of directors. I hereby accept the appo	pose of changing its intment as registered	registered office ed agent. I am
SIGNATURE								ļ
12.	Signature, typod or printed came of registered as OFFICERS A	go Lend fillo Papplicatio. AND DIRECTORS	(NOTE FIG	igistered Agent 13.	signature req	ired when renstating)	DATE	
TITLE	D	DELETE		1. 1 THTLE		ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECT Change	********
NAME	AMAYA, JOSE S.			1.2 NAME			E Change	
STREET ADDRESS	5870 SW 45 TERRACE			1.3 STREET A	ADDRESS			
CITY-ST-ZIP TITLE	MIAMI FL	FT DEL		1.4 CITY-ST	- 71f'			
NAME		DELI	:11:	2. 1 T/TLE	ļ		Change	[] Addition
STREET ADDRESS				2.2 NAME	D. 64. 60			
CITY-ST-ZIP				23 STREET A				ĺ
TiTLE		☐ DELE	16	3 1 TITLE	201		[] Change	Addition
NAME :				3.2 NAME	-		L'1 ouarde	[] Manifold
STREET ADDRESS			ľ	3.3. STREET A	NODRESS			
C-TY - ST - ZIP				3.4 CITY-\$1-	712			ĺ
ALLE		☐ DELE	TE	4. 1 TITLE			Change	Addition
NAME			1	4.2 NAME				
STREET ADDRESS				43 STREET A	DOHESS			
CITY-ST-ZIP		March Color		4.4 CITY - ST-	7IP			
TITLE NAME		DELE	1	5 1 TITLE			☐ Change	Addition
STREET ADDRESS			J	5.2 NAME				
OTY-ST-ZIP			l	5.3 STREET AD				1
THILE		DELE	TE	5.4 CITY-\$1- 6. 1 TITLE	71 ⁵		project .	
NAME		<u></u> 5111		6.2 NAME	1		Change	Addition
STREET ADDRESS				6.3 STREET AD	nubi de			
CITY-ST-2IP			ļ	64 CITY-ST-				}
	certify that the information supplied	Livith this files is sail asta	The females and	24011.91.	en			

I do nereby 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 logal effect as if made under cath; 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 Biock 12 or Biock 13 if changed, or on an attachment with an address.

SIGNATURE:

305-662-275"