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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

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Principal Place o	GARCIA	Mailing Address C/O JUAN GARCIJ					
4444 W. 12T Hialeah Fl		· ·	4444 W. 12TH AVE. Hialeah Fl 33012		3. Date Incorporated or Qualified	3a. Date of Last 1	Panad
					12/11/1984	05/01/1	•
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
Suite, Apt #, etc.		Suite. Apt. # etc.		59-2528210 Not Applier \$8.75 Additions			
2		27			5. Certificate of Status Desired	1 1	Required
City & State		City & State			6. Election Campaign Financing		00 May Be
3 Zip	Country	28 7/p	Countr		Trust Fund Contribution 8. This corporation has liability for in	Aug	ed to Fees
4	25	29	30	,	Florida Statutes Yes		5 199.002,
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Ro	egistered Agent	
			81	Name			
GARCIA, JUAN 4444 W. 12TH AVE. HIALEAH FL 33012			B2 Street A		ess (P.O. Box Number is Not Acceptabl	e)	
			83	3			
HIALLA	71 1 2 300 12		84	1 City		les la	Zip Code
			0-	City		FL 85 2	zip Code
familiar with SIGNATURE	id agent, or both, in the State of Flo n, and accept the obligations of, Se	londa. Such change was autho ection 607.0505, Florida Statu	irized by the cor tes.	poration's boar	d of directors. I hereby accept the appo	intment as registere	ed agent. I am
٤	lignature, typed or printed namic of registered ag	gent and title if applicable	(NOTE: Registered Age	ent signature required	i when reinstaing	DATE	
12.		AND DIRECTORS	(NOTE: Progistered Agr	ent signature required	twen reustating: ADDITIONS/CHANGES TO OFFIC		ORS IN 12
12. TITLE	OFFICERS A		13. 1. 1 TITLE	: I			
12. TITLE NAME	OFFICERS A PD GARCIA, JUAN	AND DIRECTORS	13. 1. 1 TITLE 1.2 NAME			CERS AND DIRECT	
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12. TITLE NAME STREET ADDRESS CITY-SY-ZIP	OFFICERS A PD GARCIA, JUAN	AND DIRECTORS	13. 1. 1 TITLE 1.2 NAME	ET ADDRESS ST ZIP		CERS AND DIRECT	Addition
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certify that the information indicated on this armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 if changest, or on an attainment with an address. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: X

2/8/96 305-823-87/6