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

M18168 **DOCUMENT #** 1. Corporation Name

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Principal Place of Business Mailing Address 1092 W. 23 STREET 1092 W. 23 STREET HIALEAH FL 33010



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				3. Date Incorporated or Qualified	3a. Date of Last I	•
o Dissipation	Non- of El minor			07/18/1985	05/01/	
1	Place of Business	2a. Mailing Address		4. FEI Number	<u> </u>	Applied For
Suite, Apt	# oto	Suite, Apt. #, etc.		59-2554557	60.7	Not Applicable
2]		27		5. Certificate of Status Desired		5 Additional Required
City & Stat	te	City & State		Election Campaign Financing Trust Fund Contribution	1 1 7 - 1	00 May Be ad to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in		
4	25	29	30	Florida Statutes	1	*··
	9. Name and Address of Cu	rrent Hegistered Agent	B1 Name ▲	10. Name and Address of New Ro	egistered Agent	
			[Name \	1AVRA HER	esia	
	DIA, RAFAEL E		82 Street Add	ress (P.C. Box Number is Not Acceptable	(e)	
	W. 23 STREET -		B3 1	$15 1 \omega$, 25	<u> </u>	
H:#LE	AH FL-83010		63			
			84 City	1-0-1	85 Z	ip Code
11 Element	to the provisions of Factions 607.	0502 and 607 1500. Florida Ptakuta	1 / 9	ration submits this statement for the purp	FL °° {	330/0
or registe	ared agent, or both, in the State or I	Florida. Such change was authorize	s, the above hamed corporation's boa	ration submits this statement for the puri ird of directors. I hereby accept the appo	pose or changing its pintment as registure	registered office diagen y I am
familiar w	ith, and accept the puligations of t	Section 607.0505, Florida Statutes.		,	$\sim 10^{-1}$	2/96
IGNATURE.	Slor at ire, typed or philad name of registered	agent and title it applicable (NOT	E: Registered Agent signature require	ed to have recorded each	DATE	<i>511</i> +
		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		ORS IN 12
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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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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