CII C MINIMI - LII INII - FFF	AFTER MAY 1 IS	\$225.00		
PROFIT PROFIT	FLORIDA DEPARTM			
CORPORATION	Sandra B M			
ANNUAL REPORT	Secretary of			
1996	DIVISION OF COR	RPORATIONS		
DOCUMENT # M 1. Corporation Name I & H DE LIVER	[19679 I INC			
Principal Place of Business Mailing Address				
10030 5W 335T 10030 5W 335T				
HIAMI FL 33165 HIAMI FL 33165				ate of Last Riport 5/02/95
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 2569474	Applied For Not Applicable
21	Suite, Apt. #, etc.			\$8.75 Additional
Suite Apt. #, etc.	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z <sub>O</sub> Country	28     Zip	Country	8. This corporation has liability for intangible	
24 25	29 3	10	Florida Statutes Yes No	
9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registere	ou Agont
JORGE L. BUL	JES		dress (P.O. Box Number is Not Acceptable)	
10030 SW 335			dress (i.e. cox remove to rest	
· · · · · · · · · · · · · · · · · · ·	165	83		
HIAMI FL 33		<b>84</b> City		EL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0	502 and 607,1503, Florida Statutes,	the above named corpo	aration submits this statement for the purpose of	-line is a registered office
or registered agent, or both, in the State of F familiar with, and accept the obligations of, S		by the corporation's bo	Old IOI Subillies this statement for the perpendicular	changing its registered diffice
			oration submits this statement to the purpose of and of directors. Thereby accept the appointment	t as registered agent. I am
Signature, typed or printed han a of registered or	gentand the map consider the HE	Registered Apert Superfice regis		E AND DIRECTORS IN 12
Signature, typed or printed han a of registered a		flogisterad Agent superfore requi	DA:	<u></u>
12. OFFICERS	gerand the majorate (ROE) AND DIRECTORS	Rojetera LAjer Lsujusture respi 13. 1 1 THLF 12 NAME	DA:	E AND DIRECTORS IN 12
12. OFFICERS  TITLE PD  NAME  STREET ADDRESS 1003 0 5 w 33	AND DIRECTORS  DELETE  JAMES  ST	Resister at April 1 squature 1 sept.  13.  1 1 THLE  1 2 NAME  1 3 STREET ADDRESS	DA:	E AND DIRECTORS IN 12
12. OFFICERS  TITLE  NAME  STREEL ADDRESS  CITY-ST-ZIP  TORGE  TO	AND DIRECTORS  DELETE	Rojetera LAjer Lsujusture respi 13. 1 1 THLF 12 NAME	DA:	E AND DIRECTORS IN 12
12. OFFICERS  TITLE PD  NAME  STREET ADDRESS 1003 0 5 w 33	AND DIRECTORS  DELETE  ST  33/65	13.	DA:	E AND DIRECTORS IN 12 Change Add-tion
12. OFFICERS  TITLE  NAME  STREEL ADDRESS  CITY-ST-ZIP  TITLE  Signature, typed or protect and a of registered to protect an	AND DIRECTORS  DELETE  ST  33/65	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 City-S1-ZiF 2 TITLE 22 NAME 23 STREET ADDRESS	DA:	E AND DIRECTORS IN 12 Change Add-tion
12. OFFICERS  TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AND DIRECTORS  DELETE  JAMES  33165	13.	DA:	E AND DIRECTORS IN 12 Change Add-tion
T2. OFFICERS  TITLE  NAME  STREEL ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE	AND DIRECTORS  DELETE  ST  33/65	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	DA:	Change Addition
12. OFFICERS  TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	AND DIRECTORS  DELETE  JAMES  33165	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CHY-S1-ZIP 2 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-S1-ZIP 3 TITLE	DA:	Change Addition
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T2. OFFICERS  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	AND DIRECTORS  DELETE  33165  DELETE	13.  1 1 TITLE  12 NAME  13 STREEL ADDRESS  14 CHY-SI-ZIP  2 TITLE  22 NAME  23 STREEL ADDRESS  24 CHY-SI-ZIP  3 1 TITLE  32 NAME  33 STREEL ADDRESS  34 CHY-SI-ZIP  4 TITLE  42 NAME  43 STREEL ADDRESS  44 CHY-SI-ZIP  5 1 TITLE	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
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T2. OFFICERS  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DELETE	13.  1 1 TITLE  12 NAME  13 STREEL ADDRESS  14 CHY-SI-ZIP  2 TITLE  22 NAME  23 STREEL ADDRESS  24 CHY-SI-ZIP  3 1 TITLE  32 NAME  33 STREEL ADDRESS  34 CHY-SI-ZIP  4 TITLE  42 NAME  43 STREEL ADDRESS  44 CHY-SI-ZIP  5 1 TITLE	DA:	Change Addition  Change Addition  Change Addition  Change Addition  Addition  Addition
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63 STRICT ADDRESS
64 CITY-ST-ZIP

14. If do hereby certify that the information simpled 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 his annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the coloporation 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 attractment with an address.

SIGNATURE:

SIGNATURE AND DIRECTOR DIRECTOR DIRECTOR

Hzt/26 (205) 226-1747

CR2E034 (12/95)