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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham

Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M20641

(0)

INCAAOD	Break international	L CORP.					
Principal Place of Business Mailing Address						DI 1181 BIWIF BEWII V II	DIE AIGEE BIRJE AIRIE (808)
11463 S.W. 40 STREET 11463 S.W. 40 STRE MIAMI FL 33165 MIAMI FL 33165			*				
					3. Date Incorporated or Qualified 09/16/1985	3a. Date of t	_ast Report 1 1/1995
9 Principal Plac	no of Rueinnes	2a. Mailing Addre	99		4. FEI Number	1 00/0	Applied For
Principal Place of Business		F1 ~~~~	26 Suite, Apt. #, etc.		59-2601755		Not Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired	S	8.75 Additional
2		27			5. Commedia di Giando Besines		Fee Required
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be
3		28	Coun		Trust Fund Contribution 8. This corporation has liability for		Added to Fees
Zip A)	Country 25	Ζφ 29	30	r y		intangible tax ui S	ider 5 (99.032,
4	9. Name and Address of C		130		10. Name and Address of New I		ent
			E	1 Name			
PINEYRO) SONIA		5	2 Street Addr	ess (P.O. Box Number is Not Acceptal	hle)	
	W 77 TERR		[`	at direct Addi	ed. (. e. e. e. rainee is reconstitution)		
MIAMI FL			8	3			
7114 W/N 1 C			1	4 City			I5 Zip Code
						FL	
or registere	o the provisions of Sections 607 ad agent, or both, in the State of h, and accept the obligations of,	f Florida. Such change was a	authorized by the co	e-named corpor rporation's boa	ation submits this statement for the puriod of directors. Thereby accept the app	irpose of changi pointment as reg	ng its registered offic jistered agent. I am
SIGNATURE							
12.	Signature, typed or printed name of registere	ed agent and title it applicative RS AND DIRECTORS	(NOTE Registered A	ger4 signature require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE EICEOS AND DIE	RECTORS IN 12
12.	OFFICER	IO PINE DI LE OTOTO					
TITLE	P	DELE	TE 1.11II	.F	ADDITIONS/CHANGES TO ON		hange
	P PINEYRO, GASTON	DELE	TE 1 1 TIII		ADDITIONS/CHANGES TO CIT		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	•		1.2 NAM 1.3 STR 1.4 CIT	IE	ADDITIONS/CHANGES TO OT		Change Addition
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