PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # M21059

1. Corporation Name

(4)

2. Principal Place of Business 2. A Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. City & State City & State City & State 28 Zip Country Zip Country 29 Name and Address of Current Registered Agent PATINO, MARIO 285 N.W. 27TH AVE. #18 MIAMI FL 33125 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation subtor registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Spend or printed name of registered agent and life if applicable. NOTE Registered Agent signature required when reases. 12. OFFICERS AND DIRECTORS 13. A AND PRESS NOTE Registered Agent signature required when reases. NOTE Registered Agent signature required when reases. NOTE Registered Agent signature required when reases. 12. OFFICERS AND DIRECTORS 13. A AND PRESS NOTE Registered Agent signature required when reases. 12. OFFICERS AND DIRECTORS 13. A NOTE Registered Agent signature required when reases. NOTE Registered Agent signature required when reases. 12. A NOTE Registered Agent signature required when reases. 13. STREET ADDRESS 285 N.W. 27TH AVE #18	te Incorporated or Qualified 09/24/1985 3a. Date of Last Report 04/25/1995
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9. Name and Address of Current Registered Agent PATINO, MARIO 285 N.W. 27TH AVE. \$18 MIAMI FL 33125 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation subcorregistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direct familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature. Upped or printed name of registered agen a and little if applicable. TITLE PD MORAN, OSVALDO 285 N.W. 27TH AVE \$18 MIAMI FL NOTE Registered Agent signature required when rears 1.1 TITLE Presi MORAN, OSVALDO 1.2 NAME MORAN, OSVALDO 1.3 STREET ADDRESS 285 N.W. 27TH AVE \$18 MIAMI FL NAME MIAMI FL 1.4 CITY-SI-7IP Miami	s corporation has liability for intangible tax under s 199.032, rida Statutes X Yes No
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12. 11 11 12 12 13 14 14 15 14 15 14 15 15	dirg) DATE
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G11-31-11	, FL. 33125
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NAME PATINO, MARIO 22 NAME	
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CITY-51-78* 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exertify that the information indicated on this annual report or supplemental annual report is true and accurate and to early that I am an officer or director of the corporation or the receiver or trouter empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.	Low stated in Contine 110 07/2004 Elevido Ctatutae I further

SIGNATURE: SIGNATURE SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR

100 Place Box 16 Place & Daylor & Proce &