

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mordham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M24933** (7)

1. Corporation Name
JOSE A. ONEGA CORP.



Principal Place of Business: **C/O JOSE A. ONEGA, 1250 SE 8TH AVE., HIALEAH FL 33010**

Mailing Address: **C/O JOSE A. ONEGA, 1250 SE 8TH AVE., HIALEAH FL 33010**

3. Date Incorporated or Qualified: **12/20/1985** 3a. Date of Last Report: **06/16/1995**

4. FEI Number: **59-2635292** Applied For Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contributor: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country

2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country

9. Name and Address of Current Registered Agent

**ONEGA, JOSE A.
1250 SE 8TH AVE.
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.0905, Florida Statutes.

SIGNATURE: _____ Title: _____ Date: _____

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	ONEGA, JOSE A.	
3. STREET ADDRESS	1250 SE 8TH AVE.	
4. CITY, ST, ZIP	HIALEAH FL	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, ST, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY, ST, ZIP	
5. 2. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2. 2. NAME	
7. 2. 3. STREET ADDRESS	
8. 2. 4. CITY, ST, ZIP	
9. 3. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 3. 2. NAME	
11. 3. 3. STREET ADDRESS	
12. 3. 4. CITY, ST, ZIP	
13. 4. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 4. 2. NAME	
15. 4. 3. STREET ADDRESS	
16. 4. 4. CITY, ST, ZIP	
17. 5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. 5. 2. NAME	
19. 5. 3. STREET ADDRESS	
20. 5. 4. CITY, ST, ZIP	
21. 6. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. 6. 2. NAME	
23. 6. 3. STREET ADDRESS	
24. 6. 4. CITY, ST, ZIP	

14. 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. 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: *Jose A. Onega* **JOSE A. ONEGA** 1/16/96 (305) 888-5002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

CR2E034 (12/95)