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

FILED

96 MAY -1 PM 2: 21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1996 **DOCUMENT #**

M33148

FAS-T CORP. AGENTS, INC.

Principal Place of Business

Mailing Address

8405 NW 53 St., Suite C-100 Miami, FL 33166

Same

						3. Date Incorporated or	· · · · · · · · · · · · · · · · · · ·				
						06/04/86	<u>,,,, ,, ,,,,,,,,,,,</u>	19	995		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number				oplied For	
21		26				59-2692436				ot Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status	Desired		•	Additional	
22		27							Fee Ro	equired	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Countr	У		8. This corporation has liability for intangible tax under s. 199.032,					
24	25 29 30					Florida Statutes XXYes No					
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
					Name	me					
Jose S. Fernandez					82 Street Address (P.O. Box Number is Not Acceptable)						
8405 NW 53 St. C-100					Silver reduced (1.0. Box remiser is 10.5 recognision)						
Miami, Fl 33166					A				1221 7	OI-	
			84	3	City			FL	85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I hereby accept the appointment as registered											
agent. I am tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes											
SIGNATURE _	dignature, typed or printed name of registered agen	MICS.	T El A A			ed when reinstating)		DATE			
12,	······································	13.	gen	signature required	ADDITIONS/CHANGE	S TO OFFIC		DIRECTO	3S IN 12		
TITLE	OFFICERS AND DIRECTORS			1 1 TITLE		ADDITIONS/CHANGE	3 10 01110	LITO AIVE	Change	Acdition	
NAME	P			1.2 NAME					C		
	Jose S. Fernandez Jr.				ADORESS						
STREET ADDRESS	8405 NW 53 St. C-100									j	
CITY - ST - ZIP	Miami, FL 33166				- ZIP			····	Change	Addition	
TITLE	S/T Lidia Fernandez					4	loor	iri 1 :			
NAME	8405 NW 53 St C-100						HOOC 05/01/1	จร์ก	1048	กัเจี	
STREET ADDRESS	Miami PT 33166				IDDRESS		****20I	ກັດກັ	****	ര്റ്റ	
CITY - ST - ZIP	V/P Jose S. Fernandez DELETE				- 21P	· · · · · · · · · · · · · · · · · · ·		0.00			
TITLE									Change	Addition	
NAME	8405 NW 53rd St. C-100										
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NAME											
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CITY - ST - ZIP					- ZIP						
TITLE	" DELETE			<u> </u>					Change	Addition	
NAME									9		
STREET ADDRESS					ADDRESS						
CITY - ST - 7IP		Α	6.4 CITY	SI	· /IP						

14. I do hereby certify that the information supplied vitit 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 almust report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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, Fiorida Statutes, and that my name appears in Book 12 or Block 13 it changed, or on an attachment with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LIDIA FERNANDAL (SECNETAMY

CR2E034 (12/95)