

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # M42097 (9)
 1. Corporation Name
VARIEDADES FALU CORP.



Principal Place of Business Mailing Address
1240 W. 44TH PLACE HIALEAH FL 33012 **1240 W. 44TH PLACE HIALEAH FL 33012**

3. Date Incorporated or Qualified **11/21/1986** 3a. Date of Last Report **04/28/1995**
 4. FEI Number **59-2738306** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$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 2a. Mailing Address
 21 Suite, Apt #, etc 26 Suite, Apt #, etc
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
PAZ, LUCERO
15555 MIAMI LAKEWAY N.
UNIT 109
MIAMI FL 33014

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 607.0502 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Date _____
Signature typed or printed name of registered agent and title, if applicable. (Note: Registered Agent signature required when transferring.)

12. OFFICERS AND DIRECTORS DELETE
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
DPVS PAZ, LUCERO 15555 MIAMI LAKEWAY N., UNIT 109 MIAMI FL
 TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP Change Addition
 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP Change Addition
 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP Change Addition
 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP Change Addition
 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP Change Addition
 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP Change Addition

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, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Lucero Paz* **Lucero Paz manager 7-3-96 (305) 556-9216**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Phone #

CR2E034 (3/96)