

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M43023 (4)

1. Corporation Name:
1-95 TRADE CENTER, INC.



Principal Place of Business: **4915 GRANADA BLVD.
409 W. HALLANDALE BEACH BLVD.
CORAL GABLES FL 33146
US**

Mailing Address: **C/O SERRANO, CESAR E.
4915 GRANADA BLVD.
CORAL GABLES FL 33146
US**

3. Date Incorporated or Qualified: **12/11/1986**

3a. Date of Last Report: **06/30/1995**

4. FET Number: **59-2081628**

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: **21**

2a. Mailing Address: **25**

Sub: Apt. #, etc.: **22**

State, Apt. #, etc.: **27**

City & State: **23**

City & State: **28**

Zip: **24**

Country: **25**

Zip: **29**

Country: **30**

9. Name and Address of Current Registered Agent:
**SERRANO, CESAR E.
4915 GRANADA BLVD.
CORAL GABLES FL 33146**

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: _____

12. OFFICERS AND DIRECTORS

1. TITLE: **DV** DELETE

NAME: **NUNNO, ROBERT L.**

STREET ADDRESS: **5701 HOLLYWOOD BLVD., SUITE B**

CITY-ST-ZIP: **HOLLYWOOD FL**

2. TITLE: **DP** DELETE

NAME: **SERRANO, CESAR E.**

STREET ADDRESS: **4915 GRANADA BLVD.**

CITY-ST-ZIP: **CORAL GABLES FL**

3. TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

4. TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

5. TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

6. TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE: Change Addition

12 NAME:

13 STREET ADDRESS:

14 CITY-ST-ZIP:

2. TITLE: Change Addition

22 NAME:

23 STREET ADDRESS:

24 CITY-ST-ZIP:

3. TITLE: Change Addition

32 NAME:

33 STREET ADDRESS:

34 CITY-ST-ZIP:

4. TITLE: Change Addition

42 NAME:

43 STREET ADDRESS:

44 CITY-ST-ZIP:

5. TITLE: Change Addition

52 NAME:

53 STREET ADDRESS:

54 CITY-ST-ZIP:

6. TITLE: Change Addition

62 NAME:

63 STREET ADDRESS:

64 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. 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, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Cesar E. Serrano* **1/20/96 (59) 592-6559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **CESAR E. SERRANO (PAC)**

DATE: _____ OFFICE PHONE: _____

CR2E034 (12/95)