

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT #** M63961 (0)  
1. Corporation Name

**MANUEL ALTERATIONS, INC.**

Principal Place of Business: **277 Giralda Avenue Coral Gables, FL 33134**  
Mailing Address: **277 Giralda AVENUE Coral Gables, FL 33134**

3. Date Incorporated or Qualified: **12/23/1987**  
3a. Date of Last Report: **2/ 1995**

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

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

4. FEI Number: **65-0019108**  
Applied For:  Not Applied For:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6.  **\$5.00 May Be Added to Fee**  
7. This corporation has liability for intangible tax under s. 199.001, Florida Statutes:  Yes  No

**Name and Address of Current Registered Agent**

**Magallanes, Miguel  
14071 SW 78 Street  
Miami, FL 33183**

**Name and Address of New Registered Agent**

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

I, 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 agent 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 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. If title Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Magallanes Miguel	2. NAME	
STREET ADDRESS	14071 SW 78 Street	3. STREET ADDRESS	
CITY-ST-ZIP	Miami, FL	4. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	DS	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Patterson, Miriam	6. NAME	
STREET ADDRESS	771 NW 35 Ct.	7. STREET ADDRESS	
CITY-ST-ZIP	Miami, FL	8. CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. CITY-ST-ZIP	

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\*\*\*225.00

5-16-96  
JP

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 also 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:** *Miriam Patterson* **MYRIAM PATTERSON** **7-29-96** (305) 444-0156  
Signature and typed or printed name of signing officer or director. Date. Designation.