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

1996

DOCUMENT # M96233

(5)

AAA VIDAL CORPORATION										
Principal Place	of Business	Mailing Address					D HALL CARLL BURN	AIBII BEAN	EIEN DION 1001	
,		1821 SW 75TH AVE RD MIAMI FL 33155								
- A						3. Date Incorporated or Qualified 08/25/1988	3a. Date 01	/31/19	95	
2. Principal Pla	ace cf Business	2a. Mailing Address				4. FEI Number			Applied For	
Suite, Apt. #	# ptc	Suite Ant # etc	Suite, Apt. #, etc.			65-0071860			Not Applicable Additional	
22		27	hand the state of			5. Certificate of Status Desired			Required	
	City & State		City & State			6. Election Campaign Financing		\$5.0	O May Be	
23		28				Trust Fund Contribution			d to Fees	
Zrp □	Country	Zip	Coun	try		8. This corporation has liability for i		under s	199.032,	
24	25 9. Name and Address of Currer		30			Florida Statutes Yes 10. Name and Address of New R				
	g. Name and Address of Currer	it negistereo Agent		B1 N	ame	10. Name and Address of New H	eñisieien v	Saur	· · · · · · ·	
SAIDAL A	U EDEDO									
VIDAL, ALFREDO 1821 SW 75 AVENUE ROAD				82 St	reet Addre	ss (P.O. Box Number is Not Acceptab	ie)		1	
MIAMI FL 33155			ļ.	83						
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			1,	B4 Ci	ty		FL	85 Zij	o Code	
SIGNATURE _	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect Signature, typed or printed name of registered agent					tion submits this statement for the pur d of directors. I hereby accept the apport	DATE	egistered	agent. I am	
12.		D DIRECTORS	13.		i	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	
TITLE	DPT	☐ DELFTE	1. 1 TITLE		T) Change	☐ Addition	
NAME	VIDAL, ALFREDO		1.2 NAME		- 1					
STREET ADDRESS	1821 S.W. 75 AVE ROAD		1.3 STR	EET ADDE	RESS					
CITY-ST-ZIP	MIAMI FL			1.4 CITY - ST - Z-P		· · · · · · · · · · · · · · · · · · ·				
TiTLE	DVS	☐ DELFTE	2. 1 TITI				L	Change	Addition	
NAME	VIDAL, ANA MARIA		2.2 NAN							
STREET ADDRESS				23 STREET ADDRESS 24 City-St-ZiP					į	
CITY-ST-ZIP 1tTLF	MIAMI FL	☐ DELETE	3 1 TH) Change	Addition	
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CITY-ST-7IP				Y-ST-ZIF						
TITLE		☐ DELETE	4. 1 TITI			***************************************	Ē) Change	☐ Addition	
NAME			4.2 NAN	ME	-					
STREET ADDRESS			4.3 STREET A		RESS					
CITY - ST - ZIP			4.4 C(TY - ST - ZIP							
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NAME		- Decent	6.2 NAN				_	Januriya		
STREET ADDRESS				VIE IEET ADDE	RESS					
CITY-ST-ZIP				Y-ST-ZIF						
de Les bases	sortify that the information assembled	with this files is not establish funish	59 01 01 d	. UI LIF		the avantation stated in Contine 110	OZIOVAL Flor	D4-1		

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 logal 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.

GNATUFE:

| GNATUFE: | June |

SIGNATURE: _