NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # NO4022 (2)								
ALCALDE OF YBOR CITY, INC.								
Pri	incipal Place	of Business		Mailing Address			DIEN BIEN DIEN DIEN FEEL	
19210 HIAWATHA ROAD. ODESSA. FL 33556 P O BOX 75700								
P.O. BOX 75700 TAMPA FL 33675				P.O. BOX 75700 TAMPA FL 33675				
"				US		3. Date Incorporated or Qualified 3a. Date 07/01/1984 0/	e of Last Report	
2.	Principal Pla	ace of Busine	200	2a. Mailing Address		4. FEI Number	2/22/1995	
21				26		59-6150965	Applied For Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22	City & State			City & State			Fee Required	
23	Oily ta Diale	9		28 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	Ziρ		Country	Zip	Country	8. This corporation has liability for intangible tax		
24			25 and Address of Curre	29	30	Florida Statutes		
		9, Name	and Address of Curre	ur veðisteleg viðent	81 Name	10. Name and Address of New Registered Ag	gent	
ST. PAUL, GUY						(D.O. D. Mustania M. A		
19210 HIAWATHA RD					82 Street	et Address (P.O. Box Number is Not Acceptable)		
ODESSA FL 33556					83			
					84 City	FL	85 Zip Code	
11.	. Pursuant t	to the provision	ons of Sections 617.0502	2 and 617.1508, Florida Stat	utes, the above-named co	progration submits this statement for the purpose of chan-	ging its registered office	
	or register	rea agent, or i	both, in the State of Flori	ida. Such change was autho tion 617.0503, Florida Statut	rized by the corporation's	board of directors. I hereby accept the appointment as re	egistered agent. I am	
SIG	GNATURE .							
12	Signature, typed or printed name of registered agen 12. OFFICERS AN			ND DIRECTORS 13.				
TITL					13.	ADDITIONS/CHANGES TO DESIGERS AND D	DIRECTORS IN 12	
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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 en powered 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 any edgraph.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

14/96 991-4749

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