## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

1996

DOCUMENT # N23246

DIVISION OF CORPORATIONS C

MIAMI MINI-CANES, INC.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principal Place of Business Mailing Address					it didik dibil didil gibil bibil bibil ibbi
C/O HORACIO SIERRA 5035 SW 140TH CT. MIAMI FL 33175		C/O HORACIO SIERRA 5035 SW 140TH COURT MIAMI FL 33175			
		US		<ol> <li>Date Incorporated or Qualified 10/30/1987</li> </ol>	3a. Date of Last Report 04/18/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26	, ,	4. FEI Number 65-0010566	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Country	Ζιρ	Country	8. This corporation has liability for int	
24	25	29	30		Yes No
<del></del>	9. Name and Address of Curre	ent Registered Agent	95 11	10. Name and Address of New Reg	jistered Agent
CIEDOA	HODACIO		81 Name		
SIERRA, HORACIO 5035 SW 104TH CT.			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
MIAMI FL			83		**************************************
			84 City		85 Zip Code
					FL
or register	o the provisions of Sections 617.05 ed agent, or both, in the State of Flo th, and accept the obligations of, Se	rida. Such change was authoriz	ed by the corporation's boa	oration submits this statement for the purpor ard of directors. I hereby accept the appoir	ise of changing its registered office itrnent as registered agent. I am
	Signature, typed or printed name of registered ag-	ent and title if applicacie (NC	) TE Registered Agent signature requir	eo when renstaling:	DATE
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	SIERRA, HORACIO	DELETE	1 1 TITLE		Change Addition
NAME	5035 SW 140TH CT.		1.2 NAME		
STREET ADORESS	MIAMI FL		1 3 STREET ADDRESS		
CITY-ST-ZIP TIFLE	D	DELETE	1 4 CITY - ST - ZIP 2 1 TITLE		☐ Change ☐ Addition
NAME	SIERRA, MARIA		2.2 NAME		
STREET ADDRESS	5035 SW 140 CT		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2 4 C/TY - ST - ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	SIERRA LYAN		3.2 NAME		
STREET ADDRESS	5035 S.W. 140 CT.		3 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		34 CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	4 4 CrTY-ST-ZiP 5 1 TITLE		Change Addition
NAME		Dettere	5.2 NAME		El Suarigo El Madritotti
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 C-TY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
certify that oath, that	the information indicated on this an	nual report or supplemental ann poration or the receiver or truste	ual report is true and accur le empowered to execute the	for the exemption stated in Section 119.07 rate and that my signature shall have the sais report as required by Chapter 617, Flori	ame legal effect as if made under

1/31/96 (315) 820 1163