FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name N44556 (1)

Principal Place	_	Mailing Address	ING.		
US POLL	CITY FL	SAME		Date Incorporated or Qualified	3a. Date of Last Report
	334	86		08/01/1991	06/13/1995
2. Principal Pla 21 40 Z		2a. Mailing Address 26 40 25 CA	Krist CT	4. FEI Number 59-3157468	Applied For Not Applicable
Suite, Apt #	, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City 8 State	: CIPU FL	City & State 28 POLK CITY	PL-	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zp 256	8 L Zounty	Zip 29	Country POLIC	8. This corporation has liability for in Florida Statutes	itangible tax under s. 199.032, Yes 🔲 No
1	9. Name and Address of Curre			10. Name and Address of New Re	gistered Agent
			81 Name		
MEDINA,			82 Street Adar	ess (P.O. Box Number is Not Acceptable	9)
	RTER COURT		83		
POLK CII	Y FL 33868		03		
			84 City		FL 85 Zip Code
or registere familiar wit	o the provisions of Sections 617.050 ad agent, or both, in the State of Florin, and accept the obligations of, Sec	rida. Such change was authorized ction 617.0503, Florida Statutes.	the above-named corpor by the corporation's boar Registered Agent signature requires	ation submits this statement for the purp rd of directors. I hereby accept the appo	oose of changing its registered one intment as registered agent. I am
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DERS AND DIRECTORS IN 12
TITLE	PO	DETELE	1.1 TITLE		☐ Change ☐ Addition
NAME	MEDINA, LUIS		1.2 NAME		
STREET ADDRESS	4025 CARTER COURT		1.3 STREET ADDRESS		
CITY -ST-ZIP TITLE	POLK CITY FL STD		1 4 C/TY - ST - Z/P 2 1 T/TLE		☐ Change ☐ Addition
NAME	DIAZ, JOSE	Боссен	2.2 NAME		
STREET ADOPESS	4022 CARTER COURT		2 3 STREET ADDRESS		
CITY - ST - ZIP	POLK CITY FL		2 4 CITY-ST-ZIP		
TITLE	D	DELETE	3 ! TITLE		☐ Change ☐ Addition
NAMÉ	RODRIQUEZ, VIRGINIA		3.2 NAME		
STREET ADDRESS	4018 CARTER COURT		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	POLK CITY FL	□ DELETE	3 4. CITY+ST+ZIP 4 1 TITLE		Change Addition
NAME		Бин	4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
C-TY-ST-ZiP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
C(*Y - S! - Z(P)		DELETE	5 4 CITY - ST - ZIP		Change Addition
TIPLE NAME			6 1 TITLE 6 2 NAME		Ell avende El vadition
STREET ADDRESS			63 STREET ADDRESS		
CITY - ST-ZIP			6 4 CITY - ST - ZIP		
14. I do hereb certify that oath; that	the information indicated on this arm	nual report or supplemental annual poration or the receiver or trustee of	I report is true and accura empowered to execute thi	or the exemption stated in Section 119.0 ate and that my signature shall have the is report as required by Chapter 617, Flo	same legal effect as if made under
SIGNAT	URE: SIGNAURE AND THE	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date	Daytima Phone #