

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000835 (0)
1. Corporation Name

Principal Place of Business Mailing Address
3210 SW 4 St. 829 W 34 St.
MIAMI FLA. 33135 HIALEAH FLA. 33012

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 City & State		27 City & State		65-0484355		Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
		30		Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEREZ ROGELIO				81 Name			
3210 SW 4TH St.				82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FLA 33135				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE				1.1 TITLE			
NAME				1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
PC PEREZ, ROGELIO				2.1 TITLE			
3210 SW 4 St.				2.2 NAME			
MIAMI FLA. 33135				2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
VD BERMUDEZ, PASQUAL R				3.1 TITLE			
1121 SW 105 AVE #320				3.2 NAME			
MIAMI FLA 33174				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
TD SERRANO, JOSE A.				4.1 TITLE			
2312 NW 3 St				4.2 NAME			
MIAMI FLA. 33125				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
SD BRITO, ELOY H				5.1 TITLE			
829 W 34 St.				5.2 NAME			
HIALEAH FLA 33012				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
D RODRIGUEZ, WALTER				6.1 TITLE			
4720 NW 169 St.				6.2 NAME			
CAROL CITY FLA 33055				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			
D LAFFITI, SERGIO							
1130 W 31 St.							
HIALEAH, FLA. 33012							

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 empowered 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 an address.

SIGNATURE: ELOY H. BRITO S.D. 4-28-1996 (305) 822-6475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

5/1/96