FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of States

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500001759 (8)

	CRISTIANA "ALABANZA Y										
Principal Place of Business Mailing Address 1635 W. FLAGLER STREET 1635 W. FLAGLER STREET MIAMI FL 33125 MIAMI FL 33125											
		1731 SW 8 HIAMÍ F/	4 ci 33/3	7 5	•.		3. Date incorporated or Qualified 04/13/1995	3a. [Date of Last F	Report	
2. Principal Place	ce of Business	2a. Mailing Address 26					4. FEI Number 65≁0576831	Applied For Not Applicable			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	×		Additional Required	
City & Stale		City & State				Election Campaign Financing Trust Fund Contribution			May Be		
Zip 24	Country 25	Zip Country 30				This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
	9. Name and Address of Curren	t Registered Agent			Γ		10. Name and Address of New F	legistered	l Agent		4
				81	Name						
RODRIGUEZ, GEMIMAH 1350 N.W. 5TH STREET, #1				82	Street #	Addres	ess (P.O. Box Number is Not Acceptable)				
MIAMI FL	· ·			83							
				84	City			F	85 Zip	Code	1
or registere familiar with SIGNATURE	the provisions of Sections 617.0502 diagent, or both, in the State of Floric n, and accept the obligations of, Sectionard accept the obligations of Section 1.	la. Such change was authorize on 617.0503, Florida Statutes.	ed by the	corp	oration's	board (of directors. Thereby accept the app	ointment a	nanging its re is registered	agent. I am	
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFF	ICERS AN	ND DISECTO	RS IN 12	_]§
TITLE	PTD	DELETE	1.1 TITL						Change	☐ Addition	CR2E037 (12/95)
NAME	GEMIMAH RODRIGUEZ		12 N							3	
STREET ADDRESS	1731 S.W. 84 COU	rt .	1.3 STREET ADDRESS							١ŭ	
City-St-ZIP	Miami FL 33155	DELETE	1.4 CHY-ST-7IP 2.1 TITLE					Change	Addition	– წ	
TITLE NAME	JOSE ROSRIGUEZ		22 NA						L.J Change		-
	1731 6 W \$4 COURT	•			2 3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33155		2 4 0								-
TOLE	DELETE			ITLE					Change	Addition	\neg
NAME .	SOANY ROSALES		3.2 NAME								
STREET ADDRESS	1731 5.W. \$4 COURT	r	3 3 STF		T ADDRESS						
CITY-ST-ZIP	Miami, FL 38155		_	3.4 CITY-ST-ZIP						- Addition	_
TIT_E	DELETE			4 1 TITLE					Change	Addition Addition	-
NAME				NAME							
STREET ADDRESS			- II		I ADDRESS						
CITY-ST-ZiP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE					☐ Change	Addition	70	
NAME				NAME	ļ						7
STREET ADDRESS					T ADDRESS						4
CITY-ST-ZIP					ST-ZIP						1
TIT_E		☐ DEL ETE		IIILE	-	t			☐ Change	Addit on	σ
NAME			621	NAME							ପ
STREET ADORESS			633	STREE	T ADDRESS		S. R.	Da	V	7.	ا اح
CITY - ST - ZIP					S1 - ZIP	<u> </u>	Tell Vy	$\mathcal{I} \supset \alpha$	\mathcal{M}		\overline{z} ω
14. I do hereb	certify that the information supplied	with this filing is voluntarily furn	ished and	I doc	es not qua	alify for	that exampt on stated in Section 119	1.07(3)(k), I	Florida Statut	es. I further	

certify that the information indicated on this annual report is true and accurate and the information indicated on this annual report is true and accurate and that my denature shall have the same legal effect as if made under eath, 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 are on an attachment with an address.

SIGNATURE: >

SIGNAPORE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/12/96 305 - 266-3232 hate Dayting Phone #