

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P92000013558 (1)

1. Corporation Name

MARY-LU SALES & SERVICES, CORP.



Principal Place of Business

Mailing Address

4265 W 7 LN
HIALEAH FL 33012

4265 W 7 LN
HIALEAH FL 33012

3. Date Incorporated or Qualified 12/22/1992	3a. Date of Last Report 01/20/1995
4. FEI Number 65-0376053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAPANES, MARICELA L
4265 W 7 LN
HIALEAH FL 33012

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	1.1 TITLE
NAME: TAPANES, MARICELA L	1.2 NAME
STREET ADDRESS: 4265 W 7 LN	1.3 STREET ADDRESS
CITY-ST-ZIP: HIALEAH FL 33012	1.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE	2.2 NAME
STREET ADDRESS: <input type="checkbox"/> DELETE	2.3 STREET ADDRESS
CITY-ST-ZIP: <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE	3.2 NAME
STREET ADDRESS: <input type="checkbox"/> DELETE	3.3 STREET ADDRESS
CITY-ST-ZIP: <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE	4.2 NAME
STREET ADDRESS: <input type="checkbox"/> DELETE	4.3 STREET ADDRESS
CITY-ST-ZIP: <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE	5.2 NAME
STREET ADDRESS: <input type="checkbox"/> DELETE	5.3 STREET ADDRESS
CITY-ST-ZIP: <input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP
TITLE: <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <input type="checkbox"/> DELETE	6.2 NAME
STREET ADDRESS: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS
CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maricela L. Tapanes (PRESIDENT)

1/29/96

305-362-4408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)