## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name

P93000004779 (3)

Principal Place of Business Mailing Address							
11899 S.W. 5TH STREET 12040 SW 181 S MIAMI FL 33184 MIAM FL 33177 US			181 ST	ı st			
						3. Date Incorporated or Qual-fred 01/21/1993	3a. Date of Last Report 04/25/1995
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Applied for
Suite, Apt. #, etc		26 Suite Apt. #, etc.				65-0391943	Not Applicable
22		27	<u></u>			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & St	City & State			6. Election Campaign Financing	55.00 May Be
7:0		28				Trust Fund Contribution	Added to Fees
Zip 24	Country Zip			Country		8. This corporation has liab lity for it	
241	9. Name and Address of Currer	29   nt Registered Age	nt	30		Florida Statutes  10. Name and Address of New Reg	Yes No
DO.				81	Name	TO. Hamo and Address of New Met	Instelled Agent
RODRIGUEZ, RODOLFO JR 11899 S.W. 5TH STREET				82	Stroot Ad	ldress (P.O. Box Number is Not Acceptable	
MIAMI FL 33184				[02	Street Ad	idiess (n.o. Box Number is Not Acceptable	€)
				83	1		
				84	City		<b>■ 85</b> Zip Code
11 Pursuant	In the provinces of Continue COZ OF O	00 1 CO2 4500 F			1 1		
						rporation submits this statement for the pu alion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
l agent 7 d	m familiar with and accept the obliga	ations of, Section 6	107.0505, Fli	onda Statutes	ì.		,, , , , , , , , , , , , , , , , , , ,
SIGNATURE	Signature, typid or profiled name of registured ag-	and title if applicable	(NO	TE Bog Stered Ag	∸nt signature rec	pured when reinstating)	SIATE
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD		DELETE 11				Change Addition
NAME DESCRIPTION	RODRIGUEZ, RODOLFO JR			1.2 NAME			
STREET ADDRESS CITY-ST-ZIP	11899 S.W. 5 ST.				FADDRESS		
TITLE	MIAMI FL 33184 S [] DELETE		1.4 CITY - : 2.1 TITLE	ST-ZIP			
NAME	GALAN, MANUEL P		2 2 NAME			Change Addition	
STREET ADDRESS	I '		2 3 STREET ADDRESS		LADDRESS		
CITY-ST-ZIP	MIAMI FL			2 4 CITY -			
TITLE			DELETE	3 1 TITLE	<u> </u>		Change Addition
NAME				3 2 NAME			
STREET ADDRESS				3 3 STREET	ADDRESS		
CITY-ST-ZIP			05.5	3.4 CITY-	ST-ZIP	-	
TITLE NAME		L	DELETE	4 1 THILE			Change Addition
STREET ADDRESS				4 2 NAME			
CITY-ST-ZIP				4.3 STREET			
TITLE			DELETE	4.4 CITY - 5 5.1 TiTLE	51 - ZIP		Change
NAME		ليا	2 a a a 1 ta	5 2 NAME			Change Addition
STREET ADDRESS				5 3 STREET	ADDRESS	• •	
CITY-ST-ZIP				5 4 CITY - S			
TITLE			DELETE	6 1 THILE			Change Addition
NAME				6.2 NAME			
STREET ADDRESS				63STREET	ADDRESS		
CITY-ST-2IP				6 4 CITY - S			
14. I do nereb	y certify that the information supplied	t with this filing is v	oluotarity fu	rnighted and a	door not our	alify for the exemption stated in Course 11	O O Zi O VII A Elevente Contract

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 turther 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:

| Signature |