

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000005795 (8)**

1. Corporation Name
THE 63 CORPORATION



Principal Place of Business: **3809 SW 82 AVE SUITE 22 MIAMI FL 33155 US**
Mailing Address: **3809 S W 82 AVE SUITE 22 MIAMI FL 33155 US**

3. Date Incorporated or Qualified: **01/25/1993**
3a. Date of Last Report: **02/01/1995**
4. FEI Number: **65-0389990**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
22. City & State
23. Zip
24. Country

g. Name and Address of Current Registered Agent
**IRGOYEN ESTHER, B
3809 SW 82 AVE #22
MIAMI FL 33133**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 agent 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: **D** DELETE
NAME: **IRGOYEN, RAMON**
STREET ADDRESS: **3809 SW 82 AVE #22**
CITY - ST - ZIP: **MIAMI FL 33133**
2. TITLE: **D** DELETE
NAME: **IRGOYEN, ESTHER**
STREET ADDRESS: **3809 SW 82 AVE #22**
CITY - ST - ZIP: **MIAMI FL 33133**
3. TITLE: DELETE
4. TITLE: DELETE
5. TITLE: DELETE
6. TITLE: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. 1 TITLE: Change Addition
2. 1 NAME
3. 1 STREET ADDRESS
4. 1 CITY - ST - ZIP
5. 1 TITLE: Change Addition
6. 1 NAME
7. 1 STREET ADDRESS
8. 1 CITY - ST - ZIP
9. 1 TITLE: Change Addition
10. 1 NAME
11. 1 STREET ADDRESS
12. 1 CITY - ST - ZIP
13. 1 TITLE: Change Addition
14. 1 NAME
15. 1 STREET ADDRESS
16. 1 CITY - ST - ZIP
17. 1 TITLE: Change Addition
18. 1 NAME
19. 1 STREET ADDRESS
20. 1 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 in an attachment with an address.

SIGNATURE: *Ramon Irigoyen* **IRGOYEN, RAMON** DATE: **1-22-96** 266-4212

CR2E034 (12/95)