

**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 # P93000007000 (1)**

1. Corporation Name

**MONTECRISTO ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

**9715 NW 41 STREET  
MIAMI FL 33178**

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MIAMI FL 33178**

3. Date Incorporated or Qualified  
**01/26/1993**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**65-0515560**

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUIZ, LAZARO  
1231 SW 124 CT. UNIT E-25  
MIAMI FL 33184**

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**P**

DELETE

1.1 TITLE

Change

Addition

NAME

**RUIZ, LAZARO**

1.2 NAME

STREET ADDRESS

**1231 SW 124TH CT.**

1.3 STREET ADDRESS

CITY - ST - ZIP

**MIAMI FL 33184**

1.4 CITY - ST - ZIP

TITLE

**VP**

DELETE

2.1 TITLE

Change

Addition

NAME

**RUIZ, MAYRA**

STREET ADDRESS

**1231 SW 124TH CT.**

CITY - ST - ZIP

**MIAMI FL 33184**

TITLE

DELETE

3.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

4.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

5.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

6.1 TITLE

Change

Addition

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

6.2 NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

DELETE

6.3 STREET ADDRESS

NAME

STREET ADDRESS

CITY - ST - ZIP

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:

*Lazaro Ruiz* (LAZARO RUIZ) 4/04/96 (305) 594-0307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)