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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # Pagnonnagot (4)

CONFECCO, INC. Principal Place of Business Mailing Address					
6320 N.W. 72 AVE. 6320 N.W. 72 AVE. BAY 1-B BAY 1-B					
MIAMI FL 33166		MIAMI FL 33166	MIAMI FL 33166		3a. Date of Last Report
				02/01/1993	03/22/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0392899	Applied For Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apr. #,	ete	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
, I		28		Trust Fund Contribution	Added to rees
Zφ	Country	Zφ	Country	8. This corporation has kability for florida Statutes	intangible tax under \$ 199.032, s
L	25	29		10. Name and Address of New I	
	9. Name and Address of Cu	rrent Registered Agent	81 Name	10.	
040014	044700		B2 Street Add	ress (P.O. Box Number is Not Accepta	biei
GARCIA, SANTOS			82 Street Add	ress (F.O. Clox Maintee to Motivacopida	
1322 MILAN AVE. CORAL GABLES FL 33134			83		
COUNT CARDIES LE 22104			84 City		85 Zip Code
			1 1	ration submits this statement for the pu	FL 8 25 000
ignature	synetize i speci or protes name of regularies OF FICERS PVSD	APPLIANT TABLET & CONTROL OF CONT	13.	ADDITIONS CHANGES TO OF	DATE FICERS AND DIRECTORS IN 12 Change Addition
IAME	GARCIA, SANTOS		1.2 NAME		
TREET ADDRESS 1322 MILAN AVE.			1.3 STFEFT ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 3313	14	1.4 C(F) - ST - Z(P)		Change Addition
ITLE		☐ DELETE	2 1 TITEF 22 NAME		D +
IAME			2.3 STREET ADDRESS		
STREET ADORESS			2.4 CiT * - S1 - ZIP		
CITY - ST - ZIP TITLE		DELF1E	3 1 11°.E		Change Addition
NAME			3.2 NAVE		
THEET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CHY+S*+ZIP		
TITLE		☐ DELETE	4.1 THE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZiP			4.4.0° Y - ST - ZIP		Change Addition
IITLE		DELETE	5 1 TILLE		□ suangs □ Adomo
NAME			5.2 NAME		
STREET ADDRESS			5 3 STHEET ADORESS		
CHTY - ST - ZIP		DELETE	5 4 CITY - ST - ZIP		Change Addition
TITLE		□ nece in	6 1 THLE		
NAME			. 6.2 NAME 6.3 STHEET ADDRESS		
STREET ADDRESS			6.3 STHEET ADDRESS		
CITY - ST - ZIP			D4 U117 - 31 - 21F	for the exemption stated in Section 1	10.07/2014 Florida Statutes I further

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 try 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 chapted or of an attachment with an address.
 SIGNATURE: