

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 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PA3000018538

1. Corporation Name
FORSARICQ, INC.

Principal Place of Business / Mailing Address
9342 SW 56 street
Miami, FL 33165 / **SAME**

3. Date incorporated or Qual. Exp.	3a. Date of Last Report
03/08/1993	
4. FIC Number	Applied For
65-0394174	☐ 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. 194.032, Florida Statutes.	
☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. 9342 SW 56 ST.	26. SAME
22. State Apt. # etc.	27. State Apt. # etc.
23. City & State	28. City & State
Miami, FL	
24. Zip	29. Zip
33165	
25. Country	30. Country
DADE	

9. Name and Address of Current Registered Agent
Sansaricq, Agustin Jr.
10335 SW 42 Tr
Miami, FL 33165

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. Zip Code
FL

11. Pursuant to the provisions of Sections 607 and 608, Florida Statutes, for above named corporation submits this statement for the purpose of changing its registered office and registered agent on this day of _____, 1996. I, _____, was authorized by the corporation's board of directors. I hereby, as a duly appointed and authorized agent, declare that the above information is true and correct.

SIGNATURE: *Agustin Sansaricq, Jr.*
Agustin Sansaricq, Jr.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY & STATE	CITY & STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY & STATE	CITY & STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY & STATE	CITY & STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY & STATE	CITY & STATE
ZIP	ZIP
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY & STATE	CITY & STATE
ZIP	ZIP

14. I, _____, Secretary of the State, do hereby certify that the above information is true and correct, and that the corporation is in good standing with the State of Florida.

SIGNATURE: *Agustin Sansaricq, Jr.*
 SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

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-08/09/96--01027--029
*****225.00**

8/6/96 M (305) 274-0404

CR2E034 (3/96)