

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

CORPORATION
ANNUAL REPORT
1995



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

RECEIVED
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04/14/1993 10:49
SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000028026 (1)**

1. Corporation Name
CUCA SUPER SPORT, INC.

Principal Place of Business

Mailing Address

1588 N.W. 29 STREET
MIAMI FL 33142

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MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/14/1993** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0410503** 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 Chapter 193, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. City

25. County

28. City

30. County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARCIA, MARIA M
1588 N.W. 29 STREET
MIAMI FL 33142**

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

FL

B5. Zip Code

11. Pursuant to the provisions of Sections 607.0607 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. Each 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 Sections 607.1508, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Registered Agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:

12.1 NAME	D GARCIA, MARIA M
12.2 STREET ADDRESS	1588 N.W. 29 STREET
12.3 CITY, ST. ZIP	MIAMI FL 33142
12.4 TITLE	
12.5 NAME	
12.6 STREET ADDRESS	
12.7 CITY, ST. ZIP	
12.8 TITLE	
12.9 NAME	
12.10 STREET ADDRESS	
12.11 CITY, ST. ZIP	
12.12 TITLE	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST. ZIP	

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST. ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST. ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST. ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 119.022, Florida Statutes. I further certify that the information included in the annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am qualified to file for the corporation or the member or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the filing of this report or on any affidavit with an address.

SIGNATURE: *Maria M Garcia*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

301-638-4952