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



	COF ANNU	PROFIT RPORATION JAL REPORT 1996		Sandi Secr	PARTMENT OF ra B. Mortham etary of State DF CORPORATI				
	OCUI Corporation KMDM,	n Name	P9300003	1941 (6	3)			III a aiii oo iaa iiia) iibia	1811: 2 100: 1101 1211
Prir	ncipal Place	of Business	Maili	ng Address			I HORNEGO IIO HOROL AND BENEVO DE		
250 VALENCIA AVE CORAL GABLES FL 33134				250 VALENCIA AVE CORAL GABLES FL 33134					
							 Date Incorporated or Qualified 04/29/1993 	i 3a. Date of La 03/23/	
2. 21	Principal Pla	ace of Business	2a. N	failing Address			4. FEI Number 65-0437579	-	Applied For
	Suite, Apt	#, etc.		iute, Apt. ⊭, etc.			Certificate of Status Desired	\$8	Not Applicable 75 Additional
22	City & State	·	27 28	Dity & State			6. Election Campaign Financing	\$5	ee Required May Be
	Zip	Cou	ntry Z	ip	Country		Trust Fund Contribution 8. This corporation has liability for	r intangible tax unde	dded to Fees er s 199.032,
			29 dress of Current Register	red Agent	30		Florida Statutes Ye 10. Name and Address of New	S No	
		George Encia ave Bables FL 33134			81 82 83		dress (P.O. Box Number is Not Accepta	ntilo)	
	fam liar wit	so again, or actin, in t	ctions 607.0502 and 607.1 tie State of Florida, Such di gations of Section 607.05	THE REPORT OF THE PART OF THE PART	ites, the above .	City named corporation's bo	oration submits this statement for the plant of directors. Thereby accept the ap	FL 85 urpose of changing pointment as register	Zip Code its registered office red agent. Lam
	···	Signature, typed or ponted nur	se of regions and against an internit appli	Latin CA	iólic Baj Bere (Age	a signar instruction	red when the stating)	DATE	
12.		PD	OFFICERS AND DIRECTO		13.	· · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OF	FICERS AND DIREC	TORS IN 12
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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 trusted enpoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 dianger or or an attachment which address

SIGNATURE:

**Total Control of the corporation of the receiver or trusted enpoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 dianger or or an attachment which is address.

**Total Control of the corporation of the corporation of the receiver or trusted enpoyered to execute this report as required by Chapter 607, Florida Statutes.

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City-St-763

4/29/96 (30) 444-2543 Outroite