

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

1996 SEP -3 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000033928 (1)

1. Corporation Name  
**CUELL-RITE ENTERPRISES, INC.**

Principal Place of Business

2625 PONCE DE LEON  
SUITE 240  
CORAL GABLES FL 33134  
US

Mailing Address

2625 PONCE DE LEON  
280  
CORAL GABLES FL 33134  
US

3. Date Incorporated or Qualified  
**05/10/1993**

3a. Date of Last Report  
**06/15/1995**

4. FEI Number  
**65-0409923**

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

2. Principal Place of Business

21 **2701 LE JEUNE RD**

2a. Mailing Address

26 **2701 LE JEUNE RD**

Suite, Apt. #, etc.

22 **# 402**

Suite, Apt. #, etc.

27 **# 402**

City & State

23 **Coral Gables - Fl.**

City & State

28 **Coral Gables Fl**

Zip

24 **33134**

Country

25 **USA**

Zip

29 **33134**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**CUELLAR, ROSA B  
5830 SW 6TH ST.  
MIAMI FL 33144**

10. Name and Address of New Registered Agent

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 607.02 and 607.1505, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0205, Florida Statutes.

SIGNATURE

Signature of the person filing this report with the Department of State

Signature of the Agent or person with whom to send notices

Date

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DP  
CUELLAR, ALHYIUM  
1021 SW 74TH AVE.  
MIAMI FL 33144**  DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DST  
CUELLAR, FERNANDO A  
5830 SW 6TH ST.  
MIAMI FL 33144**  DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE  Change  Addition

12. NAME

13. STREET ADDRESS

14. CITY - ST - ZIP

2. TITLE  Change  Addition

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

3. TITLE

32. NAME

33. STREET ADDRESS

34. CITY - ST - ZIP

4. TITLE  Change  Addition

42. NAME

43. STREET ADDRESS

44. CITY - ST - ZIP

5. TITLE  Change  Addition

52. NAME

53. STREET ADDRESS

54. CITY - ST - ZIP

6. TITLE  Change  Addition

62. NAME

63. STREET ADDRESS

64. CITY - ST - ZIP

**600001946246  
-09/12/96--01105--019  
\*\*\*\*225.00 \*\*\*\*225.00**

*Handwritten initials and date*

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 a new address.

SIGNATURE: *Alhyium Cuellar*  
SIGNATURE AND TYPE OF REGISTERED NAME OF OFFICER OR DIRECTOR  
**ALHYIUM CUELLAR**

**August 26, 96 (805) 264-2597**

CR2E034 (12/95)