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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P93000037780 (2)

DOCU 1. Corporatio	MENT # P9300	00037780 (2	?)			
	BUILDING, CORP.					
Principa! Place	e of Business	Mailing Address				
B335 SW 40TH ST. MIAMI FL 33155 US		8335 SW 40TH ST. MIAMI FL 33155 US				
		,			3. Date Incorporated or Qualified 05/25/1993	3a. Date of Last Report 05/01/1995
2. Principal P	Principal Place of Business 2a. Mailing Address 26				4. FET Number 65-0436427	Applied For Not Applicable
		Suite, Apt. #, etc.	le, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Z _i p	Country Zip		Country		8. This corporation has liability for	
24	25 g. Name and Address of Curre	29 ent Registered Agent	[30]		10. Name and Address of New F	
			81	Name		
	RUIZ, ROSARIO 14260 S.W. 36 STREET MIAMI FL 33175			Street Add	ress (P.O. Box Number is Not Acceptat	ole)
				1		
MIXMI	FL 331/3		84	City		85 Zip Code
				1	ration submits this statement for the pu	FL. (T)
SIGNATURE	with, and accept the obligations of, Se Signature, typed or printed he had of rightered age		OTE: Progedered Ag	ant signature require		DATE FICERS AND DIRECTORS IN 12
12.	DPS OFFICENS A	DELETE	1 1 THTLE		ADDITIONS/CHANGES TO OFF	Change Addition
NAME	RUIZ, ROSARIO		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY-S1-7IP	MIAMI FL.		1.4 CHY - ST - 2IP 2 1 TITLE			Change Addition
TITLE NAME	DVT Guerra, Olga	L3 DCCC is	2.2 NAME	- 1		C outside C viagonou
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-\$1-ZIP	MIAMI FL		2 4 CITY - ST - ZIF			
TITLE	DELETE		3. 1 T·[L]			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			33 S186	E1 ADDRESS		
City-St-ZiP			3 4 CITY			
TITLE	DEFELE		4 2 10111			Change Addition
NAME			4.2 NAMI			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE				SI - ZIP		Change Addition
NAME			5. 1 TITLE 5 2 NAME			
STREET ADDRESS				F1 ADDRESS		
CITY-ST-ZIP			5 4 CITY			
TITLE		☐ DELETE	6. 1 TiTL			Change Addition
NAME			62 NAM			
STREET ADDRESS	5		6 3 STRE	ET ADDRESS		
1			E 4 CITY	CT 210		

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 50 or open attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR MEINTED NAME OF SIGNING OFFICER OR DIRECTOR