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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000040491 (1)

SWADE-CORPORATION

Principal Place of Business Mailing Address							C MAIN ABOU AS	## ## ### # ##	818 18181 1181 1881	
12205 S.W. 16TH TERRACE NO. A-107 MIAMI FL 33175		12205 S.W. 16TH TERRACE NO. A-107 MIAMI FL 33175								
					3. Date Incorporated or Qualified 06/08/1993	993 02/07/1995				
··· 1	Place of Business	2a. Mailing Address				4. FEI Number			Applied For	
21 Suite, Ap	of the etc	Suite, Apt. #, etc.				65-0421950			Not Applicable	
22	n. r. etc.	27				5. Certificate of Status Desired		•	5 Additional Required	
City & St	ate	City & State				6. Election Campaign Financing		· · · · · · · · · · · · · · · · · · ·	00 May Be	
23		28				Trust Fund Contribution			ed to Fees	
Zηs	Country	Zτρ	Count	ry		8. This corporation has liability for		k under s	199.032,	
24	25	29				Florida Statutes Yes No				
	9. Name and Address of Curre	nt Registered Agent	8	41	Name	10. Name and Address of New R	egistered /	gent		
			°	"	Manne					
	NYO, DANILO		8	2	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
	5 SW 111TH TERRACE #4		8	3						
MIAM	II FL 33186									
			8	4	City		FL	85 Z	ip Code	
11. Pursuar	nt to the provisions of Sections 607,050	2 and 607.1508, Florida Statu	tes, the above	l. 3-Dá	amed corpora	ation submits this statement for the pur	pose of cha	naina its	registered office	
or regist familiar	tered agent, or both, in the State of Flor with, and accept the obligations of, Sec	rida. Such change was authoriz	zed by the co	rpo	ration's boar	d of directors. I hereby accept the app	ointment as	registere	d agent. I am	
SIGNATURE	0) 16	1	J.			و.	1101	96	_	
ald Willond	Styriature, goled or printed name of register in a jer		OTE: Rugistered Aç	jent	signature required	d when renstating)	DATE			
12.		ND DIRECTORS	13,			ADDITIONS/CHANGES TO OFF	····			
T: [1 F	PD	☐ DELETE	1. 1 T(T)	ŧ				Change	☐ Addition	
NAME	LACAYO, DANILO	- 4.	1.2 NAM							
STREFT ADDRES		: # 4			ADDRESS					
CHY-\$1-ZIP	MIAMI FL SD	DELETE	1.4 C(TY - ST - Z) 2 1 TITLE		- ZIP		······	Change	Addition	
NAM:	DUARTE, MANUEL		2 2 NAME				L] Change	☐ Yearron	
SUBERT ADDRES				2 3 STREET ADDRESS						
City - St - ZiP	MIAMI FL		2 4 CHY-ST-ZIP		j					
TOLE	VD	☐ DELFTE	3 1 TITL		-"] Change	Addition	
NAME	FLORES, RONALD		3 2 NAM	Ε			_	-		
STREET ADDRES	430 GOLDEN ISLES DR. #7	705	3 3 STRE	EE1.	ADDRESS					
CIY SI-ZP	HALLANDALE FL		3 4 C(TY	- ST	- ZIP					
TITLE	TD	☐ DELETE	4, 1 TITL	E] Change	☐ Addition	
NAME	BASSET, YESEL		4.2 NAM	E						
STREET ADDRES		E	4.3 STRE	ET #	ADDRESS					
CITY-S1-ZIP	MIAMI FL	בין הכיניני	4 4 CITY		·ZIP			7.05		
TiftE		DELETE	5 1 TITL				L] Change	☐ Addition	
NAME CONTRACTOR			5 2 NAM		IDDDGGG					
STREET ADDRES	σ,		1		ADDRESS 700					
CITY-ST-ZIP TITLE		☐ DELFTE	5.4 CHTY 6.1 THTL		- LIF		<u>-</u>	Change	Addition	
NAME		<u> </u>	6.2 NAM				L	, - · · · · · · · · · · · · · · · · · ·	E.J	
STREE! ADDRES	.5				ADDRESS					
City S1-ZIP			6 4 CITY							
14. I do her	eby certify that the information supplied		nished and do	oes	not qualify fo					
oath; th	hat the information indicated on this and lat I am an officer or director of the corp s in Block 12 or Block 13 if changed, or	oration or the receiver or trust	ee empowered	irue d to	e and accurat o execute this	te and that my signature shall have the s report as required by Chapter 607, Fa	same legal orida Statute	этесt as is; and th	ir made under nat my name	

SIGNATURE:

SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/96 (305)477-1224 Contro Provo 1