

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000043825 (7)

1. Corporation Name

MANIFOLD VENTURES, INC.



Principal Place of Business

Mailing Address

247 SHORE DRIVE EAST  
MIAMI FL 33133  
US

247 SHORE DRIVE EAST  
MIAMI FL 33133  
US

3. Date Incorporated or Qualified  
06/16/1993

3a. Date of Last Report  
06/13/1995

2. Principal Place of Business

2a. Mailing Address

21 17 SHORE DRIVE NORTH

26 17 SHORE DRIVE NORTH

4. FEI Number

65-0421794

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23 MIAMI FL

28 MIAMI FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33133

25 VS

29 33133

30 US

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAXON, KYLE R  
1700 ALFRED I. DUPONT BLDG.  
169 E. FLAGLER ST.  
MIAMI FL 33131

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 607.0502 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. Such 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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME DELANO, OLUGBEMIGA  
STREET ADDRESS C/O 247 SHORE DRIVE EAST  
CITY-ST-ZIP MIAMI FL

1.1 TITLE P  
1.2 NAME DELANO, OLUGBEMIGA  
1.3 STREET ADDRESS C/O 247 SHORE DRIVE NORTH  
1.4 CITY-ST-ZIP MIAMI FL 33133

TITLE VS  
NAME DELANO, OLUTAYO  
STREET ADDRESS C/O 247 SHORE DRIVE EAST  
CITY-ST-ZIP MIAMI FL

2.1 TITLE VS  
2.2 NAME DELANO, OLUTAYO  
2.3 STREET ADDRESS C/O 247 SHORE DRIVE NORTH  
2.4 CITY-ST-ZIP MIAMI FL 33133

TITLE VT  
NAME DELANO, OLUFISOYE  
STREET ADDRESS C/O 247 SHORE DRIVE EAST  
CITY-ST-ZIP MIAMI FL

3.1 TITLE VT  
3.2 NAME DELANO, OLUFISOYE  
3.3 STREET ADDRESS C/O 247 SHORE DRIVE NORTH  
3.4 CITY-ST-ZIP MIAMI FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 an address.

SIGNATURE:

OLUFISOYE DELANO (VT) 04/25/96 859 9110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)