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

CORPORATION ANNUAL REPORT



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

1996

Suite, Apt. #, etc.    Suite, Apt. #, etc.	3a. Date of Last Report  11/17/1993  4. FEI Number 59-3202733  5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  10. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  3a. Date of Last Report (05/01/1995)  Applied For Not Applicable  \$8.75 Additional Fee Required  \$4. FEI Number Street Address of Status Desired  \$5.00 May Be Added to Fees  Not Added to Fees  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes \[ \] No  10. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)
2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. City & State 4. City & State 3. City & State 4.	11/17/1993  4. FEI Number 59-3202733  5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  10. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  FL  85  87  87  88  87  88  88  89  80  80  80  80  80  80  80
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip	4. FEI Number 59-3202733  Solutional Fee Required  6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  10. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  The purpose of changing its registered office tion's board of directors. I hereby accept the appointment as registered agent. I am
Suite, Apt. #, etc.  City & State  City & State  Zip  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Suite, Apt. #, etc.  City & State  Zip  Country  Zip  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Zip  Country  Zip  Sall  Agent  A	5. Certificate of Status Desired
City & State  City & State  Zip  Zip  Country  Zip  Sip  Sip  Signature: bjood or printed name of registered agent accept the obligations of Section 607.0505, Florida Statutes.  Signature:  Signature:  Signature:  Signature:  D  SAINZDE LA PENTA, MANUEL C.  2727 W. MARTIN LUTHER KING JR BLVD STE 450  TAMPA FL  City & State  Zip  Country  Age  Zip  Zip  Country  Age  Zip  Zip  Country  Zip  Country  Age  Zip  Zip  Country  Age  Zip  Zip  Country  Age  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	6. Election Campaign Financing Trust Fund Contribution  8. This corporation has liability for intangible tax under s 199.032. Florida Statutes  10. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  85  Zip Code  ned corporation submits this statement for the purpose of changing its registered office tion's board of directors. I hereby accept the appointment as registered agent. I am
Zip Country Zip Country  25 29 30  9. Name and Address of Current Registered Agent  MANUEL, SAINZ DELA PEN 2727 W. MARTIN LUTHER KING JR. BLVD.  STE 450 TAMPA FL 33607  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na or registered agent, or both, in the State of Florida. Such change was authorized by the corpor familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typod or printed name of registered agent and bit of applicable (NOTE-Registered Agent 12. OFFICERS AND DIRECTORS 13.  INTE  D  SAINZDE LA PENTA, MANUEL C. 2727 W. MARTIN LUTHER KING JR BLVD STE 450 TAMPA FL  13 STREET AL 14 CITY-SI-  TITLE  JAMPA FL  DELETE  2 1 TITLE  JAMPA FL  DELETE  3 1 TITLE  JAMPA FL  DELETE  3 1 TITLE  JAMPA FL  DELETE  3 1 TITLE  JAMME  JAM	Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No  10. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL 85 Zip Code  ned corporation submits this statement for the purpose of changing its registered agent. I am
9. Name and Address of Current Registered Agent  MANUEL, SAINZ DELA PEN 2727 W. MARTIN LUTHER KING JR. BLVD. STE 450 TAMPA FL 33607  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na or registered agent, or both, in the State of Florida. Such change was authorized by the corpor familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. Typed or printed rame of registered agent and bit of applicable  OFFICEIRS AND DIRECTORS  13.  INLE D SAINZDE LA PENTA, MANUEL C. 2727 W. MARTIN LUTHER KING JR BLVD STE 450 13 SIREET ALCHY-SI- INLE AMME STREET ADDRESS CITY-SI- ZIP TAMPA FL DELETE 21 TITLE AMME STREET ADDRESS CITY-SI- ZIP DELETE 3 STREET ALCHY-SI- INLE AMME DELETE	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes
9. Name and Address of Current Registered Agent  MANUEL, SAINZ DELA PEN 2727 W. MARTIN LUTHER KING JR. BLVD. STE 450 TAMPA FL 33607  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above na or registered agent, or both, in the State of Florida. Such change was authorized by the corpor familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed rane of registered agent and tru displicable  12. OFFICERS AND DIRECTORS  13.  ITILE  D SAINZDE LA PENTA, MANUEL C. 2727 W. MARTIN LUTHER KING JR BLVD STE 450 13 SIREET ALCRES 2727 W. MARTIN LUTHER KING JR BLVD STE 450 13 SIREET ALCRES 2727 W. MARTIN LUTHER KING JR BLVD STE 450 14 CITY-ST-  ITILE  DELETE  2 1 TITLE  VAMME STREET ADDRESS 2011Y-ST- ZIP  DELETE  3 1 TITLE  VAMME V	10. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  Oity  FL 85 Zip Code  ned corporation submits this statement for the purpose of changing its registered office tion's board of directors. I hereby accept the appointment as registered agent. I am
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familiar with, and accept the obligations of, Section 607.0605, Florida Statutes  SIGNATURE  Signature, 1970d or printed name of registered agent and title 4 applicable  OFFICERS AND DIRECTORS  13.  ITILE  D SAINZDE LA PENTA, MANUEL C. 2727 W. MARTIN LUTHER KING JR BLVD STE 450  13 STREET ADDRESS  CITY-ST ZIP  TAMPA FL  14 CITY-ST-  TILE  VAME  STREET ADDRESS  CITY-ST- ZIP  DELETE  2 1 TITLE  2 2 NAME  2 3 STREET AL  2 4 CITY-ST-  TITLE  VAME  STREET ADDRESS  CITY-ST- ZIP  DELETE  3 1 TITLE  VAME  V	ation's board of directors. I hereby accept the appointment as registered agent. I am
SAINZDE LA PENTA, MANUEL C. 2727 W. MARTIN LUTHER KING JR BLVD STE 450 TAMPA FL  12 NAME 13 STREET AT 14 CITY-ST- 17 TITLE 12 NAME 27 NAME 28 NAME 28 NAME 29 NAME 29 NAME 20 NAME 20 NAME 20 NAME 20 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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LE DELETE 6 1 TIPLE	
AME 92 NAME	
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17 - ST-ZIP  4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does receiffy that the information indicated on this entirely properties producting furnished.	P Change Addition

SIGNATURE: