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

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # P9300081745 (0)

EDICAR INVESTMENTS CORP.



, , . ,	iness	Mailing Address							
8040 NW 66 ST Miami FL 33166		8040 NW 66 ST MIAMI FL 33166							
						3. Date Incorporated or Qualified 11/30/1993	3a. Date of La 02/07		
2. Principal Place of E	Duelnoep	2a. Mailing Addre	DSS			4. FEI Number		٧t	oplied For
	DUSINGSS	26				65-0488210		No	ot Applicable
Suite Apt #, etc.		Suite, Apt. #.	etu.			5. Certificate of Status Desired	1 1		Additional equired
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
23] Zipi	Country	28 Zip		Country		8. This corporation has liability for	intangible tax un	ders 1	99.032,
24	25	29	30	0]		10. Name and Address of New F		ıt	
9. 1	Name and Address of Cu	rrent Hegistered Agent		B1	Namo	10. 140.110 0.110			
GUTIERREZ,	TERESA			82	1	ress (P.O. Box Number is Not Acceptat	ole)		
980 W. 74 S				83	1				
#101					L				0.2
HIALEAH FL	33014			84	City		FL 8	Zip	Code
		66 00 - N 007 1500 Porio	la Statutos 1	the above	named corpo	ration submits this statement for the pu ard of directors. I hereby accept the app	irpose of changin	g its re	gistered office
familiar with, and	a accept the obligations of	Egjest and tide if applicable	Sithates.			ed wher reustablings	DATE		
						ADDITIONS/CHANGES TO OF			
12.	OFFICE RS	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF			Addition
THE P)	□ DE1		1 1 TiTLE	ļ	ADDITIONS/CHANGES TO OF	C		
THE P)	□ DE1		1 1 TiTLE		ADDITIONS/CHANGES TO OF			
THE P)	□ DE1		1 1 TiTLE	FI ADDRESS	ADDITIONS/CHANGES TO OF			
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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 oatn; 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 attachment with an address.

SIGNATURE:

NATURE AND THE DOT PRINTE NAME OF SIGNING OFFICER OR DIRECTOR

199/96 (305) 597-9995