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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

 Corporation I 	MENT # P940(Peranza Junk, used Al		•	1)								
Principal Place of Business 12760 CAIRO LN OPALOCKA FL 33054		1276	Mailing Address 12760 CAIRO LN OPALOCKA FL 33054					† 1887-1884 108 48111 BFB11 B#1	 			
							3.	Date Incorporated or Qualifi 01/11/1994	ed	3a. Date 0		t Report /1995
2. Principal Plac	ce of Business	2a. Mailir	ig Address				4.	FEI Number 65-0458982	. _	<u>-</u>	-	Applied For Not Applicable
Suite, Apt. #,	, elc.		, Apt. #, etc.				5.	Certificate of Status Desired	i [75 Additional se Required
City & State			§ State				6.	Election Campaign Financin Trust Fund Contribution	ng [\$5	.00 May Be
ZIP 1	Country [25]	Zip		30	nlry		8.	This corporation has liability	for inta			
J	9. Name and Address of Curre		Agent				10.	Name and Address of Ne	w Reg	Istered A	gent	
					81	Name						
HERNANDEZ, NIVALDO					82	Street Addr	ess (P	O. Box Number is Not Acce	ptable)			
12760 CAIRO LN												
OPALO	CKA FL 33054				83							
					84	City				FL	85	Zip Code
SIGNATURE	d agent, or both, in the State of Flor n, and accept the obligations of, Sec signature, typical or printed name of registered agen OFFICERS AN		e (NC		Agen	t signature require				DATE RS AND I		TORS IN 12
NAME	HERNANDEZ, NIVALDO		1.		1.2 NAME					_		-
STREET ADDRESS	6590 W 24 CT #102			1.3 \$1	REE1	ADDRESS						
11Y-\$1-ZIP	HIALEAH FL 33016			1.4 09	TY-S	T-21P						
TLE	U UEDMANDEZ WIDIZH	D [] DELETE			TLE						Chan	ge [] Addilio
AME	HERNANDEZ, JUDITH 6590 W 24 CT #102			2 2 N/	_							
TREET ADDRESS	HIALEAH FL 33016					ADDRESS						
ITY-ST-ZIP TLE	IN NECESTIC DOUTS		DELETE	24Cl 31T		- 211			····) Chan	ge 🔲 Addition
AME				32 N/						<u> </u>	,	
TREE I ADDRESS						ADDRESS						
ITY-ST-ZIP				3 4 C	1Y-S	T-7IP						
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IAME				5 2 N		A D C D C C C						
				■ E2C1								
						ADDRESS						
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14. I do hereby certify that the information supplied with this filing it 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 amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of this corporation or this receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changled, or from a director with an address.

6.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-\$1-7P

unan Sel SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDITH HERNANDEZ 04-30-96 305-681-2134

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