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

 Corporation 				004464 (STRIBUTOR, IN	•					1 6 633 6 634 81 31 1		1 2 1111 2121 1221
Principal Place	of Business			lailing Address						i dann diam film i		
•	TATE RD 7			3600 S. STATE RD	7							
#318	_			#318	'							
MIRAMAR US	FL 33023			MIRAMAR FL 33023	1			. Date Incorporated or Qual	:	• • •		
03				US			3.	01/06/1994	IIIIea	3a. Date of La	st Hep 1/198	
2. Principal Pla	ace of Busine	988	2a.	Mailing Address			4.	. FEI Number	l			plied For
21			26					65-0455604				t Applicable
Suite, Apt.	#, etc			Suite, Apt. #, etc.			5.	Certificate of Status Desire	 90i	\$8	.75 A	dditional
City & State		· <u>-</u>	27	City & State						<u> </u>	ee Re	quired
13	•		28	City & State			6.	 Election Campaign Financi Trust Fund Contribution 				May Be
Ζip		Country		Ζiρ	Countr	v		This corporation has liabilit		<u> </u>		o Fees
4		25	29	·	30	•				No	च ३ । इ	99.002,
	9. Name	and Address of Cu	rrent Regis	tered Agent			10.	, Name and Address of N	lew Ry	gistered Agent		
					81	Name	•					
	, CARMEN				82	Street	Address (P	O. Box Number is Not Aco	eptable))		
	S. STATE A	(D. #7			ļ	J						
#318 MIRAMAR FL 33023					83	83						
MILLYAN	IAN FE 330	123			84	City		· · · · · · · · · · · · · · · · · · ·		— 85	Z _I p C	ode
44 Diam.	n the provision					1				FL "		
ca registeri	oceagair, or i	Dour, in the state of t	IUHUA. QUÇI	i unange was authoriz	ea by trie con	named cooration's	corporation s s board of d	submits this statement for the irectors. I hereby accept the	e purpo appoin	ose of changing ntment as regist	its regi ered ag	istered office jent. I am
familiar wit	h, and accep	nt the obligations of, S	Section 607.	0505, Florida Statutes	Pite: Registered Age	ooration s	s board of d	enstatingi	appoin	DATE	ared ag	gent. I am
familiar wit SIGNATURE _	h, and accep	nt the obligations of, S	Section 607.	0505, Florida Statutes	TE Registered Age	ooration s	s board of d	erectors. I hereby accept the	appoin	DATE ERS AND DIRE	ored ag	gent. I am
familiar wit SIGNATURE _ 12.	h, and accept Stynative typedic P LOPEZ	of the obligations of, S in printed name of registerers OFFICERS	Section 607.	0505, Florida Statutes	Pite: Registered Age	ooration s	s board of d	enstatingi	appoin	DATE	ored ag	gent. I am
familiar wit SIGNATURE	h, and acception to the transfer of the transf	OFFICERS 7, CARMEN E 5, STATE RD. 7 #	Section 607.	0505, Florida Statutes	TE: Registered Age 13. 1 1 TITLE 1.2 NAME	ooration s	s board of d	enstatingi	appoin	DATE ERS AND DIRE	ored ag	gent. I am
familiar wit SIGNATURE	Signative typed of P LOPEZ 3600 S MIRAM	of the obligations of, S in printed name of registerers OFFICERS	Section 607.	0505, Florida Statutes	TE: Registered Age 13. 1 1 TITLE 1.2 NAME	nt signature	s board of d	enstatingi	appoin	DATE ERS AND DIRE	ored ag	gent. I am
familiar wit SIGNATURE 12. THE NAME SIREELADDRESS CITY ST-ZIP	P LOPEZ 3600 \$ MIRAN	OFFICERS 7, CARMEN E S. STATE RD. 7 IAR FL 33023	Section 607.	0505, Florida Statutes	TE Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature	s board of d	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Cha	CTORS	gent. I am
familiar wit SIGNATURE	P LOPEZ 3600 S MIRAN VELEZ	OFFICERS Z. CARMEN E 3. STATE RD. 7 # IAR FL 33023	Section 607. Section 607. AND DIREC	OSOS, Fiorida Statutes applicate INC TORS DELETE	Title Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	nt signature	s board of d	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Cha	CTORS	S IN 12 Addition
Familiar wit SIGNATURE	P LOPEZ 3600 S MIRAN S VELEZ 3600 S	OFFICERS Z. CARMEN E S. STATE RD. 7 # IAR FL 33023	Section 607. Section 607. AND DIREC	OSOS, Fiorida Statutes applicate INC TORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	nt signature	s board of d	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Cha	CTORS	S IN 12 Addition
Familiar wit SIGNATURE 12. THE NAME SIREELADORESS CHY-SI-ZIP THE NAME SIREELADORESS OHY-SI-ZIP	P LOPEZ 3600 S MIRAN S VELEZ 3600 S	OFFICERS Z. CARMEN E 3. STATE RD. 7 # IAR FL 33023	Section 607. Section 607. AND DIREC	OSOS, Fiorida Statutes application (NC CTORS DELETE	13. 1 1 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 22 NAME 2.3 STREE 24 CITY-	oration s rit signature I ADDRESS SI - ZIP	s board of d	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Cha	CTORS OF [SIN 12 Addition
Familiar wit SIGNATURE	P LOPEZ 3600 S MIRAN - S - VELEZ 3600 S - MIRAN T	OFFICERS Z. CARMEN E S. STATE RD. 7 # IAR FL 33023 J. ROSA S. STATE RD. 7 # JAR FL 33023	Section 607. Section 607. AND DIREC	OSOS, Fiorida Statutes applicate INC TORS DELETE	13. 1 TITLE 1 AME 1 A CITY- 2 TITLE 2 NAME 2 STREE 2 STREE 2 STREE 3 TITLE 3 TITLE 3 TITLE	oration s rit signature I ADDRESS SI - ZIP	s board of d	enstatingi	OFFICI	DATE ERS AND DIRE Cha	CTORS OF [S IN 12 Addition
Familiar wit SIGNATURE	P LOPEZ 3600 S MIRAN S VELEZ 3600 S HIRAN T HERN/	OFFICERS Z. CARMEN E 3. STATE RD. 7 # IAR FL 33023 ANDEZ, JOSE F	Section 607. AND DIRECT	OSOS, Fiorida Statutes application (NC CTORS DELETE	13. 1 TITLE 1 AME 1 A CITY- 2 TITLE 2 NAME 2 STREE 2 A CITY- 3 TITLE 3 NAME	of signature T ADDRESS ST - ZIP	Social of a required when re	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Cha	CTORS OF [SIN 12 Addition
Familiar wit SIGNATURE	P LOPEZ 3600 S MIRAN T HERN/ 3600 S	OFFICERS Z. CARMEN E S. STATE RD. 7 # IAR FL 33023 J. ROSA S. STATE RD. 7 # JAR FL 33023	Section 607. AND DIRECT	OSOS, Fiorida Statutes application (NC CTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	of signature T ADDRESS ST-ZIP T ADDRESS T-ZIP	Social of a required when re	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Cha	CTORS OF [SIN 12 Addition
TAMBLE SIGNATURE 12. 171. 1	P LOPEZ 3600 S MIRAN T HERN/ 3600 S	OFFICERS Z, CARMEN E S. STATE RD. 7 # IAR FL 33023 J. ROSA S. STATE RD. 7 # IAR FL 33023 ANDEZ, JOSE F S. STATE RD. 7 #	Section 607. AND DIRECT	OSOS, Fiorida Statutes application (NC CTORS DELETE	13. 1 TITLE 1 AME 1 A CITY- 2 TITLE 2 NAME 2 STREE 2 A CITY- 3 TITLE 3 NAME	of signature T ADDRESS ST-ZIP T ADDRESS T-ZIP	Social of a required when re	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Chai	CTORS Gree [Addition Addition Addition
TANIBLE WITE SIGNATURE 12. THE NAME SIREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP	P LOPEZ 3600 S MIRAN T HERN/ 3600 S	OFFICERS Z, CARMEN E S. STATE RD. 7 # IAR FL 33023 J. ROSA S. STATE RD. 7 # IAR FL 33023 ANDEZ, JOSE F S. STATE RD. 7 #	Section 607. AND DIRECT	DELETE	13. 1 TITLE 1 AME 1 A CITY- 2 TITLE 2 NAME 2 STREE 2 LOTY- 3 TITLE 3 NAME 3 STREE 3 LOTY- 3 TITLE 3 NAME 3 STREE 3 LOTY- 3 STREE	of signature T ADDRESS ST-ZIP T ADDRESS T-ZIP	Social of a required when re	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Cha	CTORS Gree [SIN 12 Addition
Familiar with SIGNATURE	P LOPEZ 3600 S MIRAN T HERN/ 3600 S	OFFICERS Z, CARMEN E S. STATE RD. 7 # IAR FL 33023 J. ROSA S. STATE RD. 7 # IAR FL 33023 ANDEZ, JOSE F S. STATE RD. 7 #	Section 607. AND DIRECT	DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREE 2 1 TITLE 2 STREE 2 1 TITLE 2 STREE 2 1 CITY- 3 1 TITLE 3 2 NAME 3 3 STREE 3 4 CITY- 4 1 TITLE 4 2 NAME	of signature T ADDRESS ST-ZIP T ADDRESS T-ZIP	Social of a required when re	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Chai	CTORS Gree [Addition Addition Addition
TANIBLE WITE SIGNATURE 12. THE NAME SIREELADORESS CHY-ST-ZIP THE NAME STREELADORESS CHY-ST-ZIP THE NAME STREELADORESS CHY-ST-ZIP THE NAME STREELADORESS CHY-ST-ZIP THE NAME STREELADORESS STREELADORESS	P LOPEZ 3600 S MIRAN T HERN/ 3600 S	OFFICERS Z, CARMEN E S. STATE RD. 7 # IAR FL 33023 J. ROSA S. STATE RD. 7 # IAR FL 33023 ANDEZ, JOSE F S. STATE RD. 7 #	Section 607. AND DIRECT	DELETE DELETE DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREE 2 1 TITLE 2 STREE 2 1 TITLE 2 STREE 2 1 CITY- 3 1 TITLE 3 2 NAME 3 3 STREE 3 4 CITY- 4 1 TITLE 4 2 NAME	of signature If ADDRESS ST-ZIP If ADDRESS ST-ZIP If ADDRESS ST-ZIP	Social of a required when re	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Chai	CTORS Gree [Addition Addition Addition
Tamiliar with SIGNATURE	P LOPEZ 3600 S MIRAN T HERN/ 3600 S	OFFICERS Z, CARMEN E S. STATE RD. 7 # IAR FL 33023 J. ROSA S. STATE RD. 7 # IAR FL 33023 ANDEZ, JOSE F S. STATE RD. 7 #	Section 607. AND DIRECT	DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREE 2 1 TITLE 2 NAME 2 3 STREE 3 4 CITY-5 4 1 TITLE 4 2 NAME 3 3 STREE 4 1 TITLE 4 2 NAME 4 3 STREE	of signature If ADDRESS ST-ZIP If ADDRESS ST-ZIP If ADDRESS ST-ZIP	Social of a required when re	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Chai	CTORS CTORS GROUP GR	Addition Addition Addition
TRUMBLE WITE SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-ZIP THE NAME	P LOPEZ 3600 S MIRAN T HERN/ 3600 S	OFFICERS Z, CARMEN E S. STATE RD. 7 # IAR FL 33023 J. ROSA S. STATE RD. 7 # IAR FL 33023 ANDEZ, JOSE F S. STATE RD. 7 #	Section 607. AND DIRECT	DELETE DELETE DELETE	13. 1 TITLE 12 NAME 13 STREE 14 CITY-1 2 NAME 23 STREE 24 CITY-1 31 TITLE 32 NAME 33 STREE 44 CITY-1 42 NAME 43 STREE 44 CITY-1 51 TITLE 52 NAME	IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	Social of a required when re	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Chai	CTORS CTORS GROUP GR	Addition Addition Addition
TEAMINER WITE SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-ZIP HITE NAME STREET ADDRESS CHY-ST-ZIP	P LOPEZ 3600 S MIRAN T HERN/ 3600 S	OFFICERS Z, CARMEN E S. STATE RD. 7 # IAR FL 33023 J. ROSA S. STATE RD. 7 # IAR FL 33023 ANDEZ, JOSE F S. STATE RD. 7 #	Section 607. AND DIRECT	DELETE DELETE DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREE 1 4 CITY - 2 1 TITLE 2 NAME 3 3 STREE 3 4 CITY - 4 1 TITLE 4 2 NAME 4 3 STREE 4 4 CITY - 5 1 TITLE 5 2 NAME 5 3 STREE 5 1 TITLE 5 2 NAME 5 3 STREE	IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	Social of a required when re	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Chai	CTORS CTORS GROUP GR	Addition Addition Addition
Tamiliar with SIGNAT UPSE 12. 171.	P LOPEZ 3600 S MIRAN T HERN/ 3600 S	OFFICERS Z, CARMEN E S. STATE RD. 7 # IAR FL 33023 J. ROSA S. STATE RD. 7 # IAR FL 33023 ANDEZ, JOSE F S. STATE RD. 7 #	Section 607. AND DIRECT	DELETE DELETE DELETE DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREE 1 4 CITY- 2 1 TITLE 2 NAME 2 3 STREE 3 4 CITY- 4 1 TITLE 4 2 NAME 4 3 STREE 4 4 CITY- 5 1 TITLE 5 2 NAME 5 3 STREE 5 1 TITLE 5 2 NAME	IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	Social of a required when re	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Char Char	CTORS CTORS GROUP	Addition Addition Addition Addition
Tamiliar with SIGNAT UPSE 12. 171.	P LOPEZ 3600 S MIRAN T HERN/ 3600 S	OFFICERS Z, CARMEN E S. STATE RD. 7 # IAR FL 33023 J. ROSA S. STATE RD. 7 # IAR FL 33023 ANDEZ, JOSE F S. STATE RD. 7 #	Section 607. AND DIRECT	DELETE DELETE DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREE 1 4 CITY - 1 3 STREE 2 A CITY - 1 4 STREE 3 STREE 4 CITY - 5 5 1 TITLE 5 2 NAME 6 3 STREE 6 1 TITLE 5 1 TITLE 6 1 TITLE	IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	Social of a required when re	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Chai	CTORS CTORS GROUP	Addition Addition Addition
TAME SIGNAT UPSE 12. THLE NAME STREET ADDRESS CHY-ST-ZIP HULF NAME	P LOPEZ 3600 S MIRAN T HERN/ 3600 S	OFFICERS Z, CARMEN E S. STATE RD. 7 # IAR FL 33023 J. ROSA S. STATE RD. 7 # IAR FL 33023 ANDEZ, JOSE F S. STATE RD. 7 #	Section 607. AND DIRECT	DELETE DELETE DELETE DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREE 1 4 CITY-1 2 1 TITLE 2 NAME 2 3 STREE 3 4 CITY-1 4 1 TITLE 4 2 NAME 4 3 STREE 5 1 TITLE 5 2 NAME 6 3 STREE 6 1 TITLE 5 2 NAME 6 1 TITLE 5 2 NAME 6 3 STREE 6 1 TITLE 5 2 NAME	I ADDRESS ST-ZIP	Social of a required when re	irectors. I hereby accept the	OFFICI	DATE ERS AND DIRE Char Char	CTORS CTORS GROUP	Addition Addition Addition Addition
TRUMBLE WITE SIGNATURE	P LOPEZ 3600 S MIRAN T HERN/ 3600 S	OFFICERS Z, CARMEN E S. STATE RD. 7 # IAR FL 33023 J. ROSA S. STATE RD. 7 # IAR FL 33023 ANDEZ, JOSE F S. STATE RD. 7 #	Section 607. AND DIRECT	DELETE DELETE DELETE DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREE 1 4 CITY - 1 3 STREE 2 A CITY - 1 4 STREE 3 STREE 4 CITY - 5 5 1 TITLE 5 2 NAME 6 3 STREE 6 1 TITLE 5 1 TITLE 6 1 TITLE	I ADDRESS ST-ZIP	Social of a required when re	irectors. I hereby accept the	OFFICE	DATE ERS AND DIRE Char Char	CTORS CTORS GROUP	Addition Addition Addition Addition

SIGNATURE: X SIGNATURE AND TY

RINTE NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96 305-887418