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	Secretar DIVISION OF C	ry of State CORPORATIO	NS			
DOCUN 1. Corporation	MENT # P940 0	00020459 (1))			19 49) 40 117 34411 8444 818	al Birlo (8)% (83)
harry							
Principal Place of Business Mailing Address							
1996 S.W. 181 Miami Fl	1 81.	1996 S.W. 1ST ST. Miami Fl					
					3. Date Incorporated or Qualified 03/16/1994	3a. Date of Last F 03/22/19	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 65-0488388		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.75 Additional		<u> </u>	
22	, cic.	27]	F 3		5. Certificate of Status Desired		Required
City & State		City & State			6. Election Campaign Financing		00 May Be
23		28	1 Canata		Trust Fund Contribution	Adde	ed to Fees
Zip 24	L ' '		Country 30	ountry 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes SL Yes □ No			3 199.032,
[24]	9. Name and Address of Curi		100)		10. Name and Address of New R		
	The second second		81	Name			
ALVAREZ, ANNETTE			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
	.W. 88TH CT.						
, Miami Fi	•		83				
			84	City		FL 85 2	Zip Code
SIGNATURE	ad agent, or both, in the State of FI h, and accept the obligations of, So Signature, typed or ported name of registered a				ration submits this statement for the pur ird of directors. I hereby accept the appoint	ointment as registere	d agent. I am
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECT	ORS IN 12
TITLE	ALVAREZ, ANNETTE		1. 1 TITLE	TIILE Change		☐ Addition	
NAME			1.2 NAME				
STREET ADDRESS	19131 N.W. 88TH CT.		1.3 STREET ADDRESS				
CHY-ST-ZIP	MIAMI FL	Fig. DCI CTC	1.4 CITY - S	ST-21P		[] Change	Addition
TITLE	D DELETE DELETE		2 1 TOLE 2 2 NAME			Onlings	L. Additor
NAME STREET ADDRESS	19131 N.W. 88TH CT.		2 3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		2 4 C(TY=3	i			
TITLE			3 1 TITLE			Change	e 🔲 Addition
NAME			32 NAME				
STREET ADDRESS			3.3. STREE	T ADDRESS			
CITY-SI-ZIP			3.4 CITY-3	S) - ZIP			
TITLE		☐ DELETE	4. 1 TITLE			Change	e 🔲 Addition
NAME			4.2 NAME	(ADDOCCO			
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP TITLE			4.4 CITY - 3 5. 1 TiTLE	01-417		Change	e 🔲 Addition
NAME			5.2 NAME				•
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY -	ST - ZIP			
TITLE		☐ DELETE	β. 1 TITε€			Change	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS	!		6.3 STREE	LADDRESS			

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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/96

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