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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #	P94000029610	(0)
4 Corneration Name		

MUNDO PROMOTIONS, INC.								
Principal Place of Business 1470 WEST 76TH STREET HIALEAH FL 33014		Mailing Address 1470 WEST 76TH S HIALEAH FL 33014	STREET		()30(104 119)5/11 9(8) 90(6) 92		·-··	
					3. Date Incorporated or Qualified 04/19/1994	3a. Date	of Last F 9/22/1	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	1		Applied For
21	2	6			65-0482635			Not Applicable
Suite, Apt. #, etc.	_			5 Additional				
Crty & State		City & State			6. Election Campaign Financing			Required May Be
23	2	8			Trust Fund Contribution			ed to Fees
Zip	Country	Zip	Count	Ŋ	8. This corporation has liability for		k under s	199.032,
24 25		9	30			□No		
9. Name a	nd Address of Current Re	gistered Agent	8	1 Name	10. Name and Address of New F	legistered A	lgent	
MACONICE BUILD			Ĺ.					
MARTINEZ, JULIO 1470 W. 76TH ST.			8	2 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)		
HIALEAH FL 33014			8	3			· · · · · · · · · · · · · · · · · · ·	
TIMELATTIC GOULT			_				In-1 7	
			8	4 Orty		FL	85 Z	ip Code
SIGNATURE	the obligations of, Section 6 miled name of rejectors taged and to OFFICERS AND DR	erdajg•tabu: [erit syriatore rodon.	d એક્સ્ટિક સ્ટાઇમ્સ્કુ ADDITIONS/CHANGES 10 OFF	DATE ICERS AND	DIRECTO	ORS IN 12
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	76TH ST.		1 3 STR	ET ADORESS				
	I FL 33014	☐ DELETE		- ST - ZIP			7 Change	Addition
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City St-ZiP				-S1-Z(P				
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NAME			3.2 NAM	٤				
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CITY-SI-ZIP				-ST-ZIP				
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NAME			USSING	1				
NAME STREFT ADDRESS			£4000	. 97, 712				
NAME STREFT ADDRESS CITY - ST - Zip 14. I do hereby certify that ti'	e information supplied with	this fring is voluntarily fo	ımısheil and di	-ST-7P besingt qualify:	for the exemption stated in Section 119	.07(3)(k), Flo	ida Stati	ites. I further
NAME STREFT ADDRESS CITY-ST-ZIP 14. I do hereby certify that the certify that the information	n indicated on this annual re	port or supplemental a	imished and de nnual report is	oes not qualify true and accura	ate and that my signature shall have the	same legal (effect as	if made under
NAME STREFT ADDRESS CITY-ST-ZIP 14. I do hereby certify that the certify that the informatio oath; that I am an officer	n indicated on this annual re	port or supplemental ai n or the receiver or trus	imished and de nnual report is stee empowere ldress	pes not qualify true and accura d to execute th	ate and that my signature shall have the is report as required by Chapter 607, F	e same lega! e lorida Statute 	effect as	if made under
NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the certify that the informatio oath; that I am an officer	n indicated on this annual re or director of the co <u>rpora</u> tio	port or supplemental ai n or the receiver or trus	imished and de nnual report is stee empowere ldress	pes not qualify true and accura d to execute th	ate and that my signature shall have the	e same lega! e lorida Statute 	effect as	if made under