

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 96-97
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Division of Corporations

P94000039237

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # ~~P94000039237~~ P94000039237

97 APR 17 AM 11:20

ANGLADES BAUZA, INC.

8/23/96

3626 NW 7th ST. MIAMI, FLA 33125
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1. Name of Corporation (If foreign, give full name and address of agent for service of process in Florida)

2. Name of Registered Agent (If foreign, give full name and address of agent for service of process in Florida)

3. State of Incorporation

4. City and State

5. Date of Incorporation

6. Date of Reinstatement

7. Fee Number

65-0492564

8. Date of State Denial

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes?

12. Signature of Registered Agent

13. Signature of Secretary of State

14. Signature of Director

15. Signature of President

16. Signature of Vice President

17. Signature of Treasurer

18. Signature of Controller

19. Signature of Secretary

20. Signature of Assistant Secretary

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