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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000052211 (7) **DOCUMENT #**

DEDDO	DEALTY	HOA	IMC
PEDRO	REALIY	D.5.A	INU.

Principal Place of	of Business	Mailing	Address						18 11916 118	8) 1)08) 1)01 4001
9010 S.W. 13	7TH AVE.	SUF) S.W. 137TH AV TE 113	E.						
MIAMI FL 33186		MIA	MIAMI FL 33186		1 ** * * * * * * * * * * * * * * * * *			of Last Report 5/01/1995		
2. Principal Plac	ce of Business	2a. Ma	iling Address				4. FEI Number			Applied For
21		26					65-0504391			Not Applicable
Suite, Apt. #	, etc. 105	27] Su	ite, Apt. #, etc.	v		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired		Fee	Additional Required
City & State		28]	y & State			.,	Election Campalgn Financing Trust Fund Contribution		Adde	O May Be ed to Fees
Ζip	Country	Zıç)	Cour	itry		8. This corporation has liability for i		cunder s	199.032,
24	25	[59]	30			., ,	Florida Statutes			
	9. Name and Address of Cur	rent Registere	d Agent		81	Name	10. Name and Address of New H	egistereo /	(gent	
					ויס	Name				
DE CASTRO, ZOILA P 5303 SW 152ND PL CIR					82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
MIAMI F				[83					
100 AVI 1 2 44 144					84	City	FL 85 Zip Code			
or registore familiar with SIGNATURE:	ed agent, or both, in the State of Fin, and accept the obligations of State of Financial State of Financia	forida. Such ch Section 607.050 Section 607.050	ange was author 5 Florida Statuti atik	ized by the cos. NOTE: Registered	orpi	oration's board		EWIE SE	registere	u agent. Fam
12.	OFFICERS	AND DIRECTO		13.			ADDITIONS/CHANGES TO OFF	<u>-</u>	DIRECTI 1 Change	
THILE	P		DELE IL	3. 1 71				L	_ Change	Add-fidit
NAME	DE CASTRO, ZOILA			1.2 NA						
STREET ADDRESS	5303 SW 152ND PL CIR					ADDRESS				
DITY-SI-7P	MIAMI FL 33185		[] DELFTE	14 Cl 2 1 ll		i - ΣΙΡ		7	Change	Addition
TITLE			Црина	2 2 NA				L.		
NAME STREET ADDRESS						ADDRESS				
CITY+ST-ZIP				24 01						
TITLE			DELETE	3 1 1				[] Change	Addition
NAME				3.2 N/	ME					
STREE1 ADDRESS				33 S	TREET	T ADDRESS				
CITY-ST-ZIP	'			3401	TY-S	S1-7P				
TITLE			[] DELETE	4 1 1	TLE			[] Change	Addition
NAME				4.2 N	ME					
STREET ADDRESS				4.3 ST	REFI	ADDRESS				
CITY-ST-ZIP				4.4 CI	1Y - 5	SI - ZIP				
TITLE			DEFETE	5. 1 T	IILE			Ĺ	Change	Addition
NAME				5 2 N						
STREET ADDRESS						r address				
CITY-ST-7IP			Fineria			ST - ZIF'		- -	Change	Addition
TITLE			[_] DELETE	6 1 1				L	viioniye	, LJ Addition
NAME				62 N						
STREET ADDRESS	1			6.3 S	REE	LADDRESS				
CITY - ST - ZIP	1					ST-ZIF				

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)(8). Honda Statutes, if further certify that the information indivated 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 certify that I am an officer or director of this 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 Effect 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF AIGNING OFFICER OR DIRECTOR

Cayting Phonic #

Cayting Phonic #