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**PROFIT** CORPORATION ANNUAL REPORT



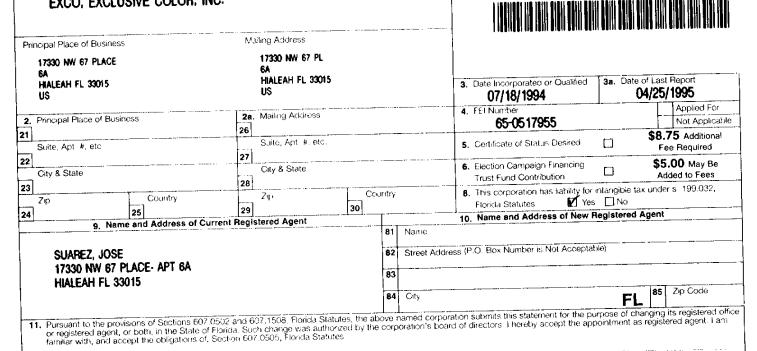
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000053484 (9) **DOCUMENT #** 

Corporation Name			
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(No.31)E. Haspitanica Agriel separation response with creased that CR2E034 (12/95) SIGNATURE Signified, types or protein raise of registered agest and the diable value ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Addition 12. Change P JOSÉ DEL C. SUÁREZ DELFTE 1 1 TITLE TITLE 1.2 NAME FOGLIANI, KARINA 17330 NW 67 Place, APT. GA NAME 17330 NW 67 PLACE, APT 6A 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33015 1.4 CiTY - \$1-ZIP HIALEAH FL Change Addition CITY-ST-ZIP DELE FE 2.1 1911 THILE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY - \$1 - ZiF Change Addition CITY - ST - ZIP ☐ DELETE 4 1 TILLE TITLE 4.2 SAMS NAME A RISTHEET ADERESS STREET ADDRESS 4.4 City - \$1-ZiP Addition Change CITY-ST ZIP DELETE 5 1 10148 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY\_\$1-ZIP Addition City - ST- ZIP Change DELETE 6 1 Ti!LE TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - Z-P 14. I do hereby certify that the information supplied with this fring 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 anothat 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 changes. Or on an attachment with an address.

SIGNATURE:

KAREN FOGLIANI 5-12-96 305-558-0990