

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION REPORT 1997		FLORIDA DEPARTMENT OF Sandra B. Morley Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P94 6 00057870 (5)</i>			
1. Corporation Name <i>The Cungal Place, Inc.</i>			
Principal Place of Business <i>3198 SW 26th St Miami, FL 33133</i>		Mailing Address <i>3198 SW 26th St Miami, FL 33133</i>	
2. Principal Place of Business 21 <i>SAVING</i>		2a. Mailing Address 26 <i>SAVING</i>	
22 State, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip		29 Country	
25		30	
9. Name and Address of Current Registered Agent <i>Perez, Miguel A. 3198 SW 26th St. Miami, FL 33133</i>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <i>FL</i>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP <i>Director President Miguel A. Perez 1257 SW 7th St Hialeah, FL 33014</i>		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP <i>Director Lourdes A. Perez 1257 SW 7th St Hialeah, FL 33014</i>		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.		900002113229 -03/14/97--01004--000 ***165.00	
SIGNATURE: _____		03-07-97 825-8272	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)