

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000078933 (6)**

1. Corporation Name

MIAMI ASTRAL INC.

Principal Place of Business

9340 N.W. 13TH ST.
 BAY 21
 MIAMI FL 33172

Mailing Address

9340 N.W. 13TH ST.
 BAY 21
 MIAMI FL 33172



2. Principal Place of Business

2a. Mailing Address

21 State: Applied for
 22 City & State
 23 Zip Country
 24 25

26 State: Applied for
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

**TEIXEIRA, MANUEL
 14415 N. KENDALL DRIVE
 MIAMI FL 33183**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

3. Date Incorporated or Qualified

10/26/1994

3a. Date of Last Report

07/11/1995

4. FFL Number

65-0530420

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.011 and 607.1406, 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. Thereby accept the appointment as registered agent, I am familiar with and accept the obligations of Section 607.011, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TEIXEIRA, MANUEL	
STREET ADDRESS	14415 N. KENDALL DRIVE	
CITY, ST, ZIP	MIAMI FL 33183	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DEANDRADES, RICARDO	
STREET ADDRESS	14415 N. KENDALL DRIVE	
CITY, ST, ZIP	MIAMI FL 33183	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, RAUL	
STREET ADDRESS	14415 N. KENDALL DRIVE	
CITY, ST, ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
6. STREET ADDRESS	
7. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME	
9. STREET ADDRESS	
10. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. NAME	
12. STREET ADDRESS	
13. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not apply for the exemption stated in Section 119.04(3)(a), Florida Statutes. I further certify that the information indicates for this corporation or its agents or employees all annual reports filed and a corporation 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 employees of the corporation, this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed or on an annual statement with an affidavit.

SIGNATURE:

Teixeira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

(305) 593 6540

CR2E034 (12/95)