SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (JE DISSOLVED, MINIMUM AMOUNT DUE TO DEVICE THE PROPERTY OF THE

ANN	PROFIT PROPATION JUAL REPORT 1996	Sand Sec	PARTMENT OF STATE fra B Mortham retary of State OF CORPORATIONS		
	RAL CLAIMS MANAGEI	•	-,		
Principal Place of Business Mailing Address					
12301 S.W. 104TH TERRACE 12301 S.W. 104TH TERRACE				r sammaar må salter Brittel åttill f	baris nasir garas idhir dolah dik <u>es likila biri 166</u> 1
MIAMI FL 35	J1 166	MIAMI FL 33186			
2 Principal	Place of Business			 Date Incorporated or Qual 11/02/1994 	fied 3a. Date of Last Report 08/08/1995
21	1 Ideo Or (103: 1055)	2a. Mailing Address		4. FEI Number 65-0545560	Applied For
Suite, Apt	#, etc	Suite, Apt #, etc			Not Applicable \$8.75 Additional
City & Sta	te	27		5. Certificate of Status Desire	d Fee Required
23		City & State		Election Campaign Financi Trust Fund Contribution	
Z ₁ p	Country 25	<i>Ζ</i> ιρ 29	Country 30		Added to Fees y for intangible tax under s 199.032.
	Name and Address of CENDEZ, JUAN A	Current Registered Agent	81 Name	10. Name and Address of Ne	Yes No w Registered Agent
11. Pursuant	im familiar with, and accept the	obligations of, Section 607.0505, p	83 84 City ules, the above named corp	dress (P.O. Box Number is Not Acce boration submits this statement for the ion's board of directors. I hereby an	FL 85 Zip Code the purpose of changing its registered scept the appointment as registered
12.	Signature Typed or printed same integrate	red agent and internapplicable (N RSIAND DIRECTORS)	OTE Registered Agent signature requ		COVIE
TITLE	PD	DELETE	13.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 12
NAME	MENDEZ, JUAN A		1 2 NAME		FFICERS AND DIRECTORS IN 12 Change Addition Change Addition
STREET ADDRESS	12301 S.W. 104TH TERF MIAMI FL 33186	RACE	1.3 STREET ADDRESS		8
CITY-ST-ZIP TITLE	MINNI FL 33100	DELETE	14 CITY - ST - ZIP		32
NAME			2.1 TITLE 2.2 NAME		Change Addition O
STREET ADDRESS			2 3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY - ST - ZIP		
TIFLE NAME		L DELFTE	3.1 THILE		Change Addition
STREET ADDRESS			3 2 NAME		
CITY - ST - ZIP			3 3 STREET ADORESS		
TITLE		DELETE	3.4 CITY - ST - ZIP 4.3 TITLE		
NAME			4 2 NAME		Criange Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		T =	4 4 CITY - ST - ZIP		
NAME		Det ete	5 1 TITLE		Change Addition
STREET ADDRESS			5 2 NAME		
CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5 4 CITY - ST - 2IP 6 1 TITLE		Change
NAME			6.2 NAME		Change Addition
STREET ADDRESS			6.3.640563.4500550		

6 4 CITY - ST - ZIP 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this firing 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 and cated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

EGNATURE

ENOTITIES

**ENOTITIES