

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
TALLAHASSEE, FL 32304-0001

DOCUMENT # P94000083669 (9)

1. Corporation Name

LA FONDITA DEL MEDIO, INC.

APPROVED
AND
FILED

95 APR 24 PM 1:26

STATE
TALLAHASSEE, FLORIDA

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Principal Place of Business	Mailing Address
1939 W. 60TH ST. HIALEAH FL 33012	1939 W. 60TH ST. HIALEAH FL 33012

2. Principal Place of Business	26. Mailing Address
21. Suite, Apt. # or etc	26. Suite, Apt. # or etc
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
	30. Country

DO NOT WRITE IN THIS SPACE
11/10/1994

3. Date Incorporated or Founded	3a. Date of Last Report
4. FEI Number	Applied For EV-0V344Y7Y
5. Certificate of Status Desired	Not Applicable
6. Election Campaign Financing	\$5.00 May Be Trust Fund Contribution
7. This corporation has liability for intangible tax under S-199.032.	Added to Fees
Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
BIANCO, ROSA E 1939 WEST 60TH ST. HIALEAH FL 33012

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0102 and 607.1008 Florida Statutes, the above named corporation submits the 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 607.0108 Florida Statutes.

SIGNATURE

(Signature) I, the undersigned, do hereby make the foregoing statement true and accurate to the best of my knowledge and belief.

(Signature) I, the undersigned, do hereby make the foregoing statement true and accurate to the best of my knowledge and belief.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICES AND DIRECTORS IN 12		
OFFICE	NAME	CHANGE	ADDITION
PRESIDENT NAME ADDRESS CITY STATE ZIP	ROSA E BIANCO 1939 W 60 ST. HIALEAH, FL 33012	1. NAME 2. ADDRESS 3. CITY STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V.P.		4. NAME 5. ADDRESS 6. CITY STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V.P.		7. NAME 8. ADDRESS 9. CITY STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V.P.		10. NAME 11. ADDRESS 12. CITY STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V.P.		13. NAME 14. ADDRESS 15. CITY STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V.P.		16. NAME 17. ADDRESS 18. CITY STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V.P.		19. NAME 20. ADDRESS 21. CITY STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V.P.		22. NAME 23. ADDRESS 24. CITY STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V.P.		25. NAME 26. ADDRESS 27. CITY STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V.P.		28. NAME 29. ADDRESS 30. CITY STATE ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this document is voluntarily furnished and does not qualify for the exemption stated in Section 199.0108 Florida Statutes. I further certify that the information contained in the 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. I also declare that I am an officer or director of the corporation. The officer or director may be asked to execute the report as required by Chapter 199 Florida Statutes, and that my name appears on Block 1 or Block 14 of page 1 or an attachment with an addition.

SIGNATURE:

PRESIDENT 4/17/95

REC'D - 4/17/95

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