

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhart  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000000236 (6)**

1. Corporation Name  
**INVINCIBLE CORP.**



Principal Place of Business: **663 NE 138TH ST N MIAMI FL 33161**  
Mailing Address: **P O BOX 612382 N MIAMI FL 33161**

3. Date Incorporated or Qualified: **12/30/1994** 3a. Date of Last Period: **09/29/1995**  
4. FET Number: **APPLIED FOR 65-0567571** 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

2. Principal Place of Business: **663** 2a. Mailing Address: **P O BOX 612382**  
21. Suite, Apt. #, etc.: **663** 26. Suite, Apt. #, etc.: **P O BOX 612382**  
22. City & State: **MIAMI FL** 27. City & State: **MIAMI FL**  
23. Zip: **33161** Country: **USA** 28. Zip: **33161** Country: **USA**  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent: **WYNTER, JOMO B 663 NE 138TH ST N MIAMI FL 33161**  
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 607.0502 and 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNTER, JOMO B	1.2 NAME	
STREET ADDRESS	P O BOX 612382 N/A	1.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL 33161	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, ANNETTE	2.2 NAME	
STREET ADDRESS	P O BOX 612382 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL 33161	2.4 CITY - ST - ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNTER, FITZ	3.2 NAME	
STREET ADDRESS	P O BOX 612382 N/A	3.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL 33161	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORI, HIDEKI	4.2 NAME	
STREET ADDRESS	P O BOX 612382	4.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL 33161	4.4 CITY - ST - ZIP	
TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORI, JUNKO	5.2 NAME	
STREET ADDRESS	P O BOX 612382 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI FL 33161	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 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.

SIGNATURE: Jomo B. Wynter DATE: 04-30-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Print)

CR2E034 (12/95)