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

PROFIT CORPORATION ANNUAL REPORT



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

1996

Principal Place of Business

DOCUMENT #

P95000000696 (1)

Mailing Address

DANIEL E. GONZALEZ, P.A.

200 SOUTH BISCAYNE BLVD. 4000 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2398 200 SOUTH BISCAYNE BLVD. 4000 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2398

MIAMI FL 33131-2398			MIAMI FL 33131-2390				3. Date Incorporated or Qualified	3a. Date		eport #
							01/01/1995	FIRS		myster /g
2. Principal Place of Business			2a. Mailing Address	_			4. FEI Number	~ ~	\rightarrow	Apolied For
21 SAME			26 5 MM	·			59-07020	<u> </u>		Not Applicable
Suite, Apt. #,	, etc.		Suite, Apt. #, etc) .			5. Certificate of Status Desired			Additional Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be			
23			28				Trust Fund Contribution			d to Fees
Zip		Country	Zip		untry	?	8. This corporation has liability for in Florida Statutes		under s	199.032,
24	25		29 ent Registered Agent	30			Florida Statutes Yes 10. Name and Address of New R		gent	
	9, Name a	NO AUDIESS OF COME	ili negistered Agent	 	81	Name	ig, name and nacross or non re	8.0.0.0.0	30	
GONZALEZ. DANIEL E										
		ayne Blvd.		82 Street Add			dress (P.O. Box Number is Not Acceptab	e)		
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			IEN							
MIAMI	FL 33131-2	390			B4	City		Fi	85 Zı	o Code
<u></u>					丄	L.,				maintained office
11. Pursuant to or registere	o the provision ad agent, or bo	is of Sections 607.050 oth, in the State of Flo)2 and 607.1508, Florida St rida. Such change was autl	tatutes, the ab norized by the	corp	named corp poration's be	poration submits this statement for the pur pard of directors. I hereby accept the appo	pose of chai pintment as i	egistered	egistered office Lagent, Lam
familiar with	i, and accept	the obligations of, Sec	ction 607.0505, Florida Sta	tutes.						
SIGNATURE				41075				DATE		
	Signature, typed or	printed name of registered age	ent and title if applicable ND DIRECTORS	(NOTE: Hegistere	C Age	nt signature requ	uired when reinstating): ADDITIONS/CHANGES TO OFF		DIRECTO	IBS IN 12
12. TITLE	D	OFFICENS A	DELETE		TITLE		ADDITIONS OF INVESTIGATION) Change	Addition
	_	LEZ, DANIEL E			NAME			_		
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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 it changed, or one attachment with an address.

SIGNATURE:

4/23/56 (305) 577-2949