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 **DOCUMENT #**

P95000001020 (3)

CON	ITINENTAL CONTAINER R	EPAIR, CORP.				
Principal Place	of Business	Maling Address			NESS MAICE DANS MESE	HAN KAND WAN ARN 1841
4640 N.W. 5TH STREET 4640 N.W. 5TH ST Miami Fl 33126 Miami Fl 33126			EET			
				3. Date Incorporated or Qualified 01/05/1995	3a. Date of L	ast Report
2. Principal Pla 21	ace of Business	_2a. Ma⊮ing Address		4. FEI Number		Applied For
		Suite, Apt #, etc.		45-0454500		Not Applicable
22		27		Certificate of Status Desired	1 1	8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing		55.00 May Be
23		28		Trust Fund Contribution		Added to Fees
Zip 24	Country 25	Zip	Country	8. This corporation has liability for		der s 199.032,
	9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New F	No No	
			81 Name	To. Hand and Addition of Hell P	Togratored Agen	
	I, JORGE JR		62 Street Ac	ddress (P.O. Box Number is Not Accental	nio)	
1149 S.W. 27TH AVE.					ж	
MIAMI	FL		83			
			84 City		85	Z _I p Code
11. Pursuant t	a the provisions of Sections 607 050	12 and 607 1508. Florida Statut	as the shows possed one	poration submits this statement for the pu	<u> </u>	<u> </u>
familiar wit	th, and accept the obligations of, Ser Sport of third a partial senior egaterature	rtion £07.0505, Florida Statutes		cerd of directors, thereby addept the app	OATE	tered agent. I am
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		ECTORS IN 12
TITLE	D	DELFIE	† 1 TITLE		☐ Cha	
NAME	BENITEZ, EDUARDO		1.2 NAME			
STREET ADDRESS	4640 N.W. 5TH ST. MIAMI FL 33126		1.3 STREET ADDRESS			
City-SI-ZIP TiTLE	VDST	DELETE	1 4 CITY - ST - ZIP			
NAME	BENITEZ, BLANCA A	[] DELETE	2 1 11/14		☐ Cha	ange 🔲 Addition
STREET ADDRESS	4640 N.W. 5TH ST.		2.2 NAME 2.3 STREET ADDRESS			
City-St-ZiP	MIAMI FL 33126		2.4 CiTY - ST - ZiP			
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3 1 TITLE		☐ Cha	ange
NAME			3.2 NAME		L	
STREET ADDRESS.			3.3 STHEEL ADDRESS			
CiTy - S1 - ZiP			3.4 CITY - ST - ZIF			
TITLE		[] DELETE	4 TillE		☐ Cha	ange 🔲 Addition
NAME Orinest represent			4.2 NAME			
STREET ADDRESS			4.3 STREET & DORESS			
CHY-ST-ZIP THUE		DELETE	4.4 CITY - \$T - ZIP		F7 A	
NAME		Поиси	5 1 THILE 52 NAME		☐ Cha	
STREET ADDRESS			5.3 STREET ADDRESS	30000180 -05/06/96010	,937 <i>3</i>	ļ
CITY-ST-ZIP			5 4 CITY-ST-ZIP	-05/06/96010	166020	
THE		□ D€LETE	6 1 TiflE	***2 00.00	☐ Cha	inge Addition
NAME			6.2 NAME			nea
STREET ADDRESS			6.3 STREET ADDRESS			all a
CITY ST-ZIP			64 CITY - ST ZIP			5-1-76

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 cath, that I am an officer or director of the corporation or the receiver or trusted 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: Bland Band Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)