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

CORPORATION



FLORIDA DEPARTMENT OF STATE

	ANNUAL REPORT  1996	Secre		ora B. Morthar cretary of State OF CORPORA						
DC 1. Co	OCUMENT #	P95000	005658	(6)	—					
	E.B. INTERNATIONAL			` '						
Prince	pal Place of Business									
1530 N 46 AVE			Mailing Address				- I INDRESADA SIN ININ DINI MANIT N	Lift Oblit Müll M	JANT NIGHT	Brief Blief Hill 1881
HOLLYWOOD FL 33021-4704			1530 N 46 AVE HOLLYWOOD FL 33021-4704							
2 Pri	ncipal Place of Business						3. Date Incorporated or Qualified 01/19/1995	3a. Date o	oʻ Last F	Report
21	TOTASI FIRECE OF DUSINESS	<b>!</b>	2a. Mailing Adoress				4. FET Number			Applied For
Sui	te, Apt. #, etc.	26	Suite, Apt. #, etc			·	65-0554568		$\vdash$	Not Applicable
22 City	/ & State	27	Otty & State				5. Certificate of Status Desired		\$8.75	5 Additional Required
<b>23</b> Zip	Count	28	F '		T		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		Adde	May Be
24	25	29 ess of Current Regis		Count	у — — —		8. This corporation has liability for in Floridal Statutes    Yes	<b>X</b> l No	under s	199.032,
		or outlin riegis	stereo Agent	8	Name		10. Name and Address of New R	egistered Ag	ent	
	ENRIQUEZ, BENITO			ľ		-				
	1530 N 46 AVE			8:	Street	l Address	(P.O. Box Number is Not Acceptabl	e)		
	HOLLYWOOD FL 33021-47	<b>'</b> 04		83	<del> </del>			<del> </del>		
1					<b> </b>					
11 0				84					<b>85</b> Zip	o Code
Or i	rsuant to the provisions of Sect registered agent, or both, in the	ions 607,0502 and 60 State of Florida, Such	7.1508, Florida Statu i change was author	ites, the above	named c	orporatio	on submits this statement for the purp of directors. I hereby accept trie appo	ose of changi	ing its n	egistered office
DIOMAT	mai with, and accept the obliga	itions of, Section 607,	0505, Florida Stalute	is.	oration s	o Duaru ()	r directors. Thereby accept trie appo	ntment as reg	istered	agent. I am
SIGNAT	Signature: typed or printed care in	of remoter of amort and thus a c								1
12.		FLICERS AND DIREC	TORS	dir Flegelered Age	1 Signature	'erpinod who		DATE	·	
TITLE			DELETE	1 1 TITLE		77/1	ADDITIONS/CHANGES TO OFFIC			AS IN 12
NAME				1.2 NAME		P/O		X C	Change	☐ Addition
STREET AD	ORESS			1.3 STREE	ADDRESS	15°	nito Enriquez			
CITY-ST-Z	'IP	<b></b>		1.4 CHTY - S		15.	30 N. 46th Ave.			,
TITLE			DELETE	2 1 1!TLF	· • • • • • • • • • • • • • • • • • • •	C/C	llywood, FL 33021 F/D			
NAME				2.2 NAME				<b>□X</b> ○	nange	Addition '
STREET ADI	•			23 STREET	ADDRESS	COL	rbaro R. Escarra			ĺ
CITY-ST-Z	I <sub>2</sub>			2 4 CITY - S	I - ZIP		W. 35th St.			
			DELETE	3 1 TITLE			leah, FL 33012	[TD: 01	h	
NAME	No. of			3 2 NAME		¥11	) zabeth A. Enriquez	( <b>汉</b> Cr	lange	Addition
STREET ADD				33 STREFT	ADDRESS	153	80 N. 46th Ave.			
CITY-ST-ZI	<u> </u>			3.4 CP Y - S	- 7IP	Hol	• -			
NAME			DELETE	4 1 TiTLE		V/D	Lywood, FL 33021	∑ <b>X</b> Ch	ianne	Addition
STREET ADD	necc	٠		4.2 NAME			lina Escarra	LA CII	តកម្មថ	L Magazieri
	1			4 3 STREET	NDDRESS					1
CITY - S1 - ZII				4.4 CITY - ST	- Z0F		W. 35th St.			
NAME			☐ DELETE	5 1 TITLE		n±d	leah, FL 33012	□ Ch.	anne	Addition
STREET ADDI	occo.			5.2 NAME					ungo	☐ Mudition
STREET AUDI	1633			5.3 STREEL #	DORESS					

14. To 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block. The accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block. The accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block. The accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block. The accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block. The accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block. The accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block. The accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block. The accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block. The accurate and the accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block. The accurate and the accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block. The accurate and the accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or Block. The accurate and 6 4 CITY - ST - ZIP

5.4 CHY+\$1-ZIP

63 STREET ADDRESS

6 1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM OFFICER OR DIRECTOR

DELETE

Fax (305) 966-3624 Ckrytinie Phone #

Change

☐ Addition