

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



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

1996 8-8-96 B-7044 C

DOCUMENT # P95000008446 (3)

1. Corporation Name

CUTTER'S MUST INTERSERVICE CORP.



Principal Place of Business

Mailing Address

8514 S.W. 107TH AVE.
APT. 266 W
MIAMI FL 33173

8514 S.W. 107TH AVE.
APT. 266 W
MIAMI FL 33173

3. Date Incorporated or Qualified
02/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CABRAL, CARLOS
8514 S.W. 107TH AVE.
APT. 266 W
MIAMI FL 33173

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 607.1508, 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

Signature (typed name of registered agent and date if applicable)

(NOTE: If a third Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
CABRAL, CARLOS A
8514 S.W. 107TH AVE. APT. 266 W
MIAMI FL 33173

1.1 NAME
1.1.1 STREET ADDRESS
1.1.2 CITY - ST - ZIP
PTSD
CABRAL, CARLOS A
8514 S.W. 107TH AVE. apt 266 W
Miami, FL 33173

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVD
MANCINI, PAUL
8514 S.W. 107TH AVE. APT. 266 W
MIAMI FL 33173

2.1 NAME
2.1.1 STREET ADDRESS
2.1.2 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 NAME
3.1.1 STREET ADDRESS
3.1.2 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 NAME
4.1.1 STREET ADDRESS
4.1.2 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 NAME
5.1.1 STREET ADDRESS
5.1.2 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 NAME
6.1.1 STREET ADDRESS
6.1.2 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 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/trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 14, if changed, or on an attachment with address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DR

Aug 1/1996 (805) 595-3343

CR2E034 (3/96)