

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000008895 (1)**

1. Corporation Name  
**A & A FONTE CORP.**



Principal Place of Business: **7750 WEST 8TH AVENUE HIALEAH FL 33014**  
Mailing Address: **7750 WEST 8TH AVENUE HIALEAH FL 33014**

3. Date Incorporated or Qualified: **02/02/1995**  
3a. Date of Last Report  
4. FEI Number: **65-0553710**  
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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

**g. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FONTE, ANDRES JR  
7750 WEST 8TH AVENUE  
HIALEAH FL 33014**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FONTE, ANDRES JR</b>	
STREET ADDRESS	<b>7750 WEST 8TH AVENUE</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33014</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FONTE, ANDRES C</b>	
STREET ADDRESS	<b>7750 WEST 8TH AVENUE</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33014</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>P/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>FONTE, ANDRES JR.</b>	
1.3 STREET ADDRESS	<b>7750 West 8th Avenue</b>	
1.4 CITY-ST-ZIP	<b>Hialeah FL 33014</b>	
2.1 TITLE	<b>S/VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>FONTE, ANDRES C.</b>	
2.3 STREET ADDRESS	<b>7750 West 8th Avenue</b>	
2.4 CITY-ST-ZIP	<b>Hialeah FL 33014</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>000001851090</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-06/04/96--01172--013</b>	
6.3 STREET ADDRESS	<b>***225.00</b>	
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: *Andres Fonte* **Andres Fonte** **5/21/96** **825-2009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (12/95)