## 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

## P95000008895 (1) DOCUMENT # 1. Corporation Name

Country

9. Name and Address of Current Registered Agent

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A & A FONTE CORP.

Principal Place of Busines	S
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Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Zip

7750 WEST 8TH AVENUE HIALEAH FL 33014

2. Principal Place of Business

FONTE, ANDRES JR

7750 WEST 8TH AVENUE HIALEAH FL 33014

Suite, Apt. #, etc.

City & State

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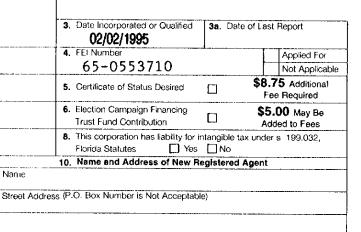
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Zip

7750 WEST 8TH AVENUE HIALEAH FL 33014



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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 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

Country

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arnılar witr	n, and accept the obligations of, Section 60	7.0505, Florida Statutes	•			· ·
SIGNATURE	Signature, typed or printed name of registered agent and tote	rtappleable (NO	Ot : Brigisteres Agent signature	reign ireal when rejustating	DATE	
12. OFFICERS AND DIRECTORS		13.		ANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1, 1 TILLE	P/T	☐ Change	X Addition
NAME	FONTE, ANDRES JR		1.2 NAME	FONIE, ANDRES JR.		^
STREET ADDRESS	7750 WEST 8TH AVENUE		1.3 STREET ADDRESS	7750 West 8th Avenue		
CITY-SY-ZIP	HIALEAH FL 33014		1.4 CITY-ST-ZIP	Hialeah FL 33014		
TITLE	D	DELETE	2 1 TITLE	S/VP	Change	Addition
NAME	FONTE, ANDRES C		22 NAME	FONIE, ANDRES C.		<b>J</b>
STREET ADDRESS	7750 WEST 8TH AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33014		2 4 CITY-ST-ZIP	7750 West 8th Avenue Hialean FL 33014		
TITLE		DELETE	3 1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY - \$1 - 7IP			
TITLE		DELETE	4. 1 TITLE		Change	Addition
NAME			4.2 NAME		_ ,	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - 2IP			
THTLE		☐ DELETE	5 1 TOLE		☐ Change	☐ Addition
NAME			5.2 NAME		<u> </u>	
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		[]] DELETE	6 1 TITLE	173173173173173173173173	r Ghange	Add tion
NAME			6.2 NAME	0000018 -06/04/9601	ンチリザリ** 172 012	
STREET ADDRESS			6.3 STREET ADDRESS	***225.00	112013	
CITY-S1-ZIP		1	6.4 C/TY+ST-ZiP	****£63,UU		0)

14. I do hereby certify that the information supplied with this filing certify that the information indivated on the annual report or soath; that I am an officer or directed of the corporation or the appears in Block 12 or Block [3] II shanger, or on a fattachnic voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth pplemental annual report is true and accurate and that my signature shall have the same legal effect as if made activer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my ent with an address.

SIGNATURE: