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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

I, Corporation J&A T	VIENT# P950 (ILE, INC.	`			18
rincipal Place	of Business	Mailing Address			
15169 S.W. 128TH PLACE MIAMI FL 33186		15169 S.W. 128TH PLACE MIAMI FL 33186			
				1	Pate of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		02/13/1995 4. FE! Number	Applied For
]		26		65-0559873	Not Applicable
- Suite, Apt. ≢ L	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stale		Crty & State			Fee Required
		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zιρ	Country	Zip	Country	8. This corporation has liability for intangible	·
	25	29	30	Florida Statutes Yes Yo	
, ,	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Registers	d Agent
DADDAI	NITEC HIAN M				
BARRANTES, JUAN M 15169 S.W. 128TH PLACE			82 Street	Address (P.O. Box Number is Not Acceptable)	
	FL 33186		83		
***************************************			84 City		85 Zip Code
	the protection of both one both one	วะ สกับ 607. 1556, Florida รูเลเน	tes, trie above nameo co	orporation submits this statement for the purpose of a	changing its registered offic
familiar with	ed agent, or both, in the state of Flo h, and accept the obligations of, Sec	rida. Such change was authori ction 607.0505, Florida Statute	zed by the corporation's s.	orporation submits this statement for the purpose of board of directors. I hereby accept the appointment	as registered agent. I am
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certary trial trial 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: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18 -96 238-4340
Date Deytine Prone #