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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami

Secretary of State DIVISION OF CORPORATIONS

1996 P95000012905 (2) **DOCUMENT #**

1. Corporation GONZA			_					
Principal Place of Business 1746 N.W. 22ND STREET		1746 N.W. 2	Mading Address 1746 N.W. 22ND STREET MIAMI FL 33142			T (A STI ANT) IN COLUMN STILL SAULT		
MIAMI FL 33	142	MIAMI FL 3)1 4 2			Date Incorporated or Qualified 02/15/1995	3a. Date	of Last Report
 1	ace of Business	}•:)	2a. Maling Address			4. FEI Number 05-056 25	916	Applied For Not Applicable
Suite, Apt. #, etc.			Suite Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	e	City & Sta	Oity & Staffe			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23 Ζιρ 24	Cocintry 25	Z(r)	30	Country 30		This corporation has liability for intangible tax under s 199 032. Florida Statutes Yes □ No		
	9. Name and Address of C		nt			10. Name and Address of New I	Registered	Agent
				81	Name	_		
	LEZ, REINALDO				Street Add	ress (P.O. Box Number is Not Accepta	ble)	
	.W. 22ND STREET		63					
MUAMI	FL 33142					85 Zip Code		
				-	84 City FL 85 bove-named corporation submits this statement for the purpose of changing a convergible is paged of directors. I begelv accord the appointment as register			_
or registe familiar w	with and accept the obligations of	, 869,069,00064,1100	dia Stafutes.	<i>Dell</i> op de red Age ■ 13.	VAIS on signature resum	ration submits this statement to the purific of directors. I hereby accopt the application of directors and the application of	DATE.	D DIRECTORS IN 12
TITLE	D		DELETE	1 TITLE				☐ Change ☐ Addition
NAME	GONZALEZ, REINALDO			1.2 NAME				
STREET ADDRESS		:1		1	AUDRESS			
CITY-ST-ZIF	MIAMI FL 33142		DELETE	14 CITY - 1 2 1 THUE	51 - ZIP			Change Addition
TITLE NAME		L	01.2072	2.2 NAME				
STREET ADDRESS				2 3 STREE	FADDRESS			
CITY-ST-ZIP				24 CHTY -	ST-ZIP			☐ Change ☐ Addition
TITLÉ			DELETE	3 1 THUE				☐ Change ☐ Addition
NAME				3.2 NAME	Y ADDDSSS			
STREET ADDRESS				3.4 CHY	T ADDRESS			
CITY - ST - ZIP TITLE			DELETE	4 1 Tille				Change Addition
NAME				4.2 NAME				
STREET ADDRESS	s l			4.3 STREE	1 ADDRESS			
CITY - S1 - ZIP				4.4 CI*Y				Change Addition
TITLE			DELETE	5 1 111.6	ļ			C Change C PAddition
NAME				5.2 NAME				
STREET ADDRESS	s				EL ADDRESS			
CITY-ST ZIP			DELETE	5.4 City - 6.1 TITU				Change Addition
THLE		L	Decem	6 2 NAM				
NAME					ET ADDRESS			
STREET ADORES	s I			0.3 SIN:	et 26			

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 amous report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the comprisation 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 141 changed for on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

Dept. De

CR2E034 (12/95)