

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000026766 (2)

1. Corporation Name

S. AND S. INVESTORS CORPORATION



Principal Place of Business

16161 E TROON CIRCLE  
MIAMI LAKES FL 33014

Mailing Address

16161 E TROON CIRCLE  
MIAMI LAKES FL 33014

3. Date Incorporated or Qualified

03/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

650592011

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

10. Name and Address of New Registered Agent

MENDIGUTIA, JOSE A  
16161 E TROON CIRCLE  
MIAMI LAKES FL 33014

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 607.0607 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person filing this report

Date of Filing

Date

12. OFFICERS AND DIRECTORS

12.1	TITLE	PTD	MENDIGUTIA, JOSE A	<input type="checkbox"/> DELETE
	NAME		16161 E TROON CIRCLE	
	STREET ADDRESS		MIAMI LAKES FL 33014	
	CITY - ST - ZIP			
12.2	TITLE	VSD	MENDIGUTIA, ODALYS	<input type="checkbox"/> DELETE
	NAME		16161 E TROON CIRCLE	
	STREET ADDRESS		MIAMI LAKES FL 33014	
	CITY - ST - ZIP			
12.3	TITLE			<input type="checkbox"/> DELETE
	NAME			
	STREET ADDRESS			
	CITY - ST - ZIP			
12.4	TITLE			<input type="checkbox"/> DELETE
	NAME			
	STREET ADDRESS			
	CITY - ST - ZIP			
12.5	TITLE			<input type="checkbox"/> DELETE
	NAME			
	STREET ADDRESS			
	CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
	STREET ADDRESS	
	CITY - ST - ZIP	
13.2	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
	STREET ADDRESS	
	CITY - ST - ZIP	
13.3	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
	STREET ADDRESS	
	CITY - ST - ZIP	
13.4	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
	STREET ADDRESS	
	CITY - ST - ZIP	
13.5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
	STREET ADDRESS	
	CITY - ST - ZIP	
13.6	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
	STREET ADDRESS	
	CITY - ST - ZIP	
13.7	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
	STREET ADDRESS	
	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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-96 305-827-2134

CR2E034 (12/95)