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

PROFIT CORPORATION ANNUAL REPORT

1996

P95000027168 (0)

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**DOCUMENT #** 

1. Corporation Name
OCHA & IFA, INC.



Daytere Phone ≠

Principal Place of Business Mailing Address 5806 - 58TH STREET COURT 5806 - 58TH STREET COURT TAMPA FL 33619 TAMPA FL 33619						
					3. Date 04/03/1995 or Qualified 3a.	Date of Last Report
2. Principal Place of Business 2a. Mailing A		2a. Mailing Address	ng Address		4. FEI Number 59-3333661	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	y	8. This corporation has liability for intangit: Florida Statutes	ole tax under s. 199.032,
24	25 g. Name and Address of Curre	29 nt Registered Agent	30		10. Name and Address of New Register	
		ni nogiolorod rigoni	81	Name		
TORRES, ESTRELLA 5808 - 58TH STREET COURT			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
TAMPA	FL 33619		83	· <del> </del>		
			84	City		B5 Zip Code
familiär with, SIGNATURE	, and accept the obligations of, Sec gnature, typed or printed name of registered agen	stion 607,0505, Florida Statut	OS. NOTE: Bugistered Age			11
12.	D OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	- ····
THILE	TORRES, ORLANDO	☐ DELETE	1 1 1111.6			Change Addition
NAME	5808 - 58TH STREET COL	Jrt	1.2 NAME			
STREET ADDRESS	TAMPA FL 33619		13 STREE	T ADDRESS		
TITLE		DELETE	2 1 117.8			Criange Addition
NAME	TORRES, ESTRELLA 5808 - 58TH STREET COL	IDT	2.2 NAME			
STREET ADDRESS	TAMPA FL 33619	ואכ	2 3 STREE	T ADDRESS		
CITY-ST-7IP	TANKA I E 00018		2 4 CITY-			
THLE		DELETE	3 1 THTLE	1		Change Addition
NAME			3 2 NAME	ET ADDRESS		
STREET ADDRESS C/1Y-ST-Z/P			3 5 5 1 N C			
TILLE		DELETE	4. 1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STRES	1 ADDRESS		
C TY-ST-ZIP		E Geret	4 4 CiTY -			53 O
TIFLE		DELETE	5 1 1 II LF			Change Addition
NAME			5.2 NAME	i		
STREET ADDRESS				F ADDRESS		
CITY - ST - ZIP		DELETE	6 1 TITLE			Criange Addition
NAME			6.2 NAME			
STREET ADDRESS			63STREE	T ADDRESS		
CITY-ST-ZIP			64 CITY			
certify that t oath: that h	he information indicated on this and	nual report or supplemental a poration or the receiver or trus	nnual report is ti stee emnowered	rue and accura	for the exemption stated in Section 119.07(3)(k ate and that my signature shall have the same l iis report as required by Chapter 607, Florida S	logal effect as if made under
SIGNATU	IRE! Collists	mill Ances	, J		2/29/96	
JIGIYAT	SIGNATURE AND TYPED (	OR PRINTED NAME OF SIGNING OFF	ICER OR DIRECTOR	1	Date	Daytore Phone ≠