

**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

**DOCUMENT # P95000033732 (5)**

1. Corporation Name  
**CONESSA MANAGEMENT, INC.**



Principal Place of Business  
**15720 SW 72 ST  
SUITE A-11  
MIAMI FL 33193**

Mailing Address  
**15720 SW 72 ST  
SUITE A-11  
MIAMI FL 33193**

3. Date Incorporated or Qualified  
**05/01/1995**

3a. Date of Last Report

4. FEI Number  
**65-0583291**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GRIMM-PAREJA, SABRINA  
9756 SW 154 PL  
MIAMI FL 33196**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

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 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>PRESIDENT</b>
STREET ADDRESS		13 STREET ADDRESS	<b>ESTEBAN PAREJA</b>
CITY-ST-ZIP		14 CITY-ST-ZIP	<b>9756 SW 154 PLACE</b>
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>MIAMI, FL 33196</b>
STREET ADDRESS		2.1 TITLE	<b>VICE-PRESIDENT</b>
CITY-ST-ZIP		2.2 NAME	<b>SABRINA GRIMM-PAREJA</b>
<input type="checkbox"/> DELETE		2.3 STREET ADDRESS	<b>9756 SW 154 PLACE</b>
STREET ADDRESS		2.4 CITY-ST-ZIP	<b>MIAMI, FL 33196</b>
CITY-ST-ZIP		3.1 TITLE	
<input type="checkbox"/> DELETE		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	<b>400001834014</b>
<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	<b>-05/22/96--01021--035</b>
STREET ADDRESS		5.1 TITLE	<b>***200.00</b>
CITY-ST-ZIP		5.2 NAME	
<input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	
<input type="checkbox"/> DELETE		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address.

SIGNATURE: *Johanne Grimm Pareja* **5-10-96** **385-3004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)