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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

POSCOCO (7)

DOCUN 1. Corporation	MENT # P9500	0035631 (7)			
	r import and export in	C.			
Principal Place	of Business	Maling Address			###
3590-B N.W. 71ST ST.		3590-B N.W. 71ST ST.			
MIAMI FL 33147		MIAMI FL 33147			
				3. Date Incorporated or Qualified	3a. Date of Last Report
Principal Pts	ace of Business	2a. Mailing Address		05/08/1995 4. FEI Number	Annual Fac
	NW 36 AVE	26 7160 NC	U 36 AVE	65-05792	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional
Cily & State		Cty & State		6. Election Campaign Financing	Fee Required
23 Miani, FL. 28 Minn			· 	Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 124 331	147 25 USA	- Z1933147	Country 30 USA	8. This corporation has liability for	
24 001	9. Name and Address of Current		30 USKI	Florida Statutes Ye 10. Name and Address of New	
			81 Name		
1 Entity Manifester 1 Street Address (F.O. Box Number is Not Acceptable)					
				06 NW 36 A	JE
MIAMI F	L 3314/				
	1		84 City M	inini	FL 85 Zn Code
11. Pursuant to	o the provisions of Sections 607.0 02.	and 607.1508, Florida Statutes,	the above named corp	oral on submits this statement for the property of directors. I hereby accept the app	urpose of changing its registered office
familiar wit	th, and accept the hold uplifing of berne	on 607.0505, Florida Statutes.	by the corporation's bo	ard or offectors, riflereby accept the app	pointment as registered agent. I am
SIGNATURE	Signature, Nated Marketina net of regulatored agriculta	escribe Eugalitable (NOTE)	Registered Agent signal increase	and the best of the contract o	2/23/96
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12
TIILE	PD V	☐ DELETE	11.7.11121	Φ.	Change Addition
NAMt	FERNANDEZ, MARICLESIO	-		ERNANDE ZIMARIC	
STREET ADORESS CITY - ST - ZIP	** 9590-B.N.W. 71ST-STREET	•	1.3 STREET ADDRESS	1140 NW 360 f	*0E
TITLE	MINMI I L DOTTI-	DEFE LE	1.4 C(1Y - S1 - Z)P 2.1 T(1LE	, , , ,	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY ST-ZIF		E) priest	2.4 City - St. Zif'		
TITLE NAME		DELEAF	3 1 THEF 32 NAME		Change Addition
STREET ADDRESS			3.3 STHEET ADDRESS		
CHY ST-ZIP			3.4 CHTY-ST-7IP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADORESS			4.9 STREET ADDRESS		
CHY-ST-ZiP TH, F	·	DELETE	44 CHY+SI ZIP 5 1 TITLE		Change Addition
. NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CUTY-ST-ZIP			5.4 CITY - ST - ZIP	· _ · · · · · · · · · · · · · · · · · ·	
TILE		☐ DELETE	5 1 TITLE		Change Addition
NAME STHEET ADDRESS			6.2 NAME		
CITY - ST- ZIP	i i		6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. I do hereby	y certify that the information supplied w	th this filing is voluntarily furnish	ed and does not qualify	for the exemption stated in Section 119	9.07(3)(k), Florida Statutes. I further
oath; that I	Lam an officer or director of the corpor	ation or the receiver or trustee o	report is true and accur empowered to execute the	rate and that my signature shall have the his report as required by Chapter 607, F	ও same legal effect as if made under Florida Statutes; and that my name
	11111111	. (AXE)		, ,	102 4108
SIGNAT	URE: X SIGNATURE STATE OF	FERN PRINTED NAME OF SIGNING OFFICER (NANDEZ, MARI	elesio 2/23/96	305/693-1488