

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

95 AUG -5 PM 12: 20

DOCUMENT # P95000035873 (5)

1. Corporation Name  
**FONTANA SERVICES CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: 4850 S.W. 8TH ST. #204-C MIAMI FL 33135  
Mailing Address: 4850 S.W. 8TH ST. #204-C MIAMI FL 33135

3. Date Incorporated or Qualified: 05/08/1995  
3a. Date of Last Report

2. Principal Place of Business  
21 801 Madrid ST  
Suite, Apt. #, etc.: 106 A  
22 City & State: Coral Gables FL  
23 Zip: 33134 Country: USA  
24  
2a. Mailing Address  
26 801 Madrid ST  
Suite, Apt. #, etc.: 106 A  
27 City & State: Coral Gables  
28 Zip: 33134 Country: USA  
29 30 USA

4. FEI Number: 65-0582334  
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

9. Name and Address of Current Registered Agent  
~~FRONTE, SILVERIO F~~  
~~441 S.W. 10TH ST.~~  
~~#0~~  
~~MIAMI FL 33130~~

10. Name and Address of New Registered Agent  
81 Name: HIGINIO FAYA  
82 Street Address (P.O. Box Number is Not Acceptable): 9601 FONTANBLUE BLVD #417  
83  
84 City: MIAMI FL 85 Zip Code: 33172

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: *[Signature]* 8/3/96

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HIGINIO FAYA
13 STREET ADDRESS	9601 FONTANBLUE BLVD #417
14 CITY - ST - ZIP	MIAMI FL 33172
21 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HIGINIO FAYA
23 STREET ADDRESS	9601 FONTANBLUE BLVD #417
24 CITY - ST - ZIP	MIAMI FL 33172
31 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	HIGINIO FAYA
33 STREET ADDRESS	9601 FONTANBLUE BLVD #417
34 CITY - ST - ZIP	MIAMI FL 33172
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *[Signature]* Director 8/1/96 305-774-6005

CR2E034 (12/95)