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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State

DIVISION OF CORPORATIONS

DOCUMENT #  1. Corporation Name	P95000036402	(2)
COMBUINDERT INC		

1. Corporation	VIENT# P9300	10030402 (2	<b>-</b> )				
	PUQUEST, INC.				(   ASTERNA       A   A   A   A   A   A   A   A	ı <b>48</b> 114 <b>84128</b> 111 <b>18 6111</b> 1	ELECT AND A 11 M (4 M)
Principal Place	o' Business	Mailing Address		****	E (40) (40) (10 EU/U) (4) (1) (4) (1) (4) (4)	1 <b>6 6</b> 110 <b>6 9 10 10</b> 11 11 10 11 11 11 1	ENTIL MOINE AND NEON
19831 NW		19831 NW 2 ST					
	E PINES FL 33029	PEMBROKE PINES F	L 33029				
					3. Date Incorporated or Qualified 05/09/1995	3a. Date of Last F	Report
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For	
21 26				65-0579277	<b>40 7</b>	Not Applicable  5 Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22				5. Certificate of Status Desired	1 1	Required	
City & State	2	City & State			6. Election Campaign Financing	<b>\$5.0</b>	00 May Be
23 28		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Countr	У	This corporation has liability for in Florida Statutes		199.032,
24	25   9. Name and Address of Curren	29 29 Agent	[30]	Fiorida Statutes Yes You No  10. Name and Address of New Registered Agent			
	g. Harris and Addison of Control		81	Name			
FERN	ANDEZ, ALBERT P		82	82 Street Address (P.O. Box Number is Not Acceptable)			
	NW 2 ST						
PEMB	ROKE PINES FL 33029		83	3			
			84	City		FL 85 2	hp Code
11 Purement	to the cradisions of Sections 607 0502	and 607.1508. Florida Statute	as, the above	named corpor	ration submits this statement for the purp	ose of changing its	registered office
ar register	red agent, or both, in the State of Flori ith, and accept the obligations of Sect	da. Such change was aut <b>nonz</b> i	ea by the cor	poration's boa	rg or directors. Thereby accept the appo	intment as registere 4-29-96	d agent. I am
SIGNATURE.	Signature, typed or printed name direcistured agent	ericlitate If applicable. (NO	ITE: Ficg stered Ag	ont signature require	d when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE	VICE PRESIDENT	DELETE 1.1 TOLE		1		Change	Addition
NAME	Jophe A. Fernande ayo nw 198aue	· <b>Z</b>	1.2 NAME	1			
STREET ADDRESS	PEMBROKE PINES, FL	22029	1	T ADDRESS			
CITY-ST-ZIP TITLE	VICE PRESIDENT	[] DELETE	1.4 C/TY - 2 1 T/TU			Change	Addition
NAME	VALENTIN ALVAREZ		2.2 NAM5				
STREET ADDRESS			2 3 STRE	H ADDRESS			
CITY-ST-ZIP			2.4 Cify	ST-ZIP		F3 06	FTL Add too
TITLE	PRESIDENT	☐ DECETE	3 1 11111			Change	Addition
NAME	AIBERT P. FERNA	NDEZ	3.2 NAMI				
STREET ADDRESS	19881 NW DST	22029		ET ADDRESS			
CITY-ST-7P2	PEMBRACE PINES, F	DELFTE	3.4 C(1)Y-			Change	Addition
TITLE			4.2 NAM				
NAME STREET ADDRESS				ET ADORESS			
CITY-S1-ZIP			4.4 CHY	1			
TOLE			5. 1 1 TL			Change	Addition
NAME			5 2 NAM	r I			İ
STREET ADDRESS			1	ET ADDRESS			
City - St - ZiP		Proof Pure 17 A	5.4 CITY		A part of the second se	["] Changi	Addition
TITLE		□ DELETE	6. 1 Till			€7 cuquBi	, LT vanion
NAME			6.2 NAM				
STREET ADDRESS				ET ADDRESS - ST- ZIP			
Crt√. CT. 7tD	1		■ C4UIY	-ar-zu - L			

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), Fiorida 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 eath; 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:

INATURE AND TYPED OR FINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytione Phone #