

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 # **P95000046645 (4)**

1. Corporation Name
1425 S.W. 5 STREET CORP.



Principal Place of Business: **2414 S.W. 8TH ST. MIAMI FL 33135**
Mailing Address: **2414 S.W. 8TH ST. MIAMI FL 33135**

3. Date Incorporated or Qualified: **06/15/1995**
3a. Date of Last Report
4. FEI Number: **APPLIED FOR**
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 State, Apt #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
**ARAZOZA & COMAS, P.A.
101 MADEIRA AVE.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name: **Arazoza, Comas, de Torres & Fernandez-Fraga, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2. NAME	Manuel A. Grande
STREET ADDRESS		3. STREET ADDRESS	2720 S.W. 129th Ave.
CITY, ST, ZIP		4. CITY, ST, ZIP	Miami, FL 33175
TITLE	<input type="checkbox"/> DELETE	2. TITLE	VP
NAME		2.2 NAME	Elia Grande
STREET ADDRESS		2.3 STREET ADDRESS	2720 S.W. 129th Ave.
CITY, ST, ZIP		2.4 CITY, ST, ZIP	Miami, FL 33175
TITLE	<input type="checkbox"/> DELETE	3. TITLE	S
NAME		3.2 NAME	Carlos M. Grande
STREET ADDRESS		3.3 STREET ADDRESS	1037 Alfonso
CITY, ST, ZIP		3.4 CITY, ST, ZIP	Coral Gables, FL 33146
TITLE	<input type="checkbox"/> DELETE	4. TITLE	T
NAME		4.2 NAME	Frank Grande
STREET ADDRESS		4.3 STREET ADDRESS	2414 SW 8 St.
CITY, ST, ZIP		4.4 CITY, ST, ZIP	Miami, FL 33135
TITLE	<input type="checkbox"/> DELETE	5. TITLE	
NAME		5.2 NAME	700001721577
STREET ADDRESS		5.3 STREET ADDRESS	-02/22/96--01056--012
CITY, ST, ZIP		5.4 CITY, ST, ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	6. TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

700001721577
-02/22/96--01056--012
***200.00

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: *Manuel A. Grande*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-96 305-642-4624
D.V. 05 2-22-96
Clerk of the Court

CR2E034 (12/95)