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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000051768 (6) **DOCUMENT #**  Corporation Name ASSOCIATES HOLDINGS, INC. Mailing Address Principal Place of Business 14305 SOUTHWEST 57 LANE. UNIT 1 14305 SOUTHWEST 57 LANE. UNIT 1 MIAMI FL 33183 MIAMI FL 33183 3. Date Incorporated or Qualified 2a. Mailing Address 2. Principal Place of Business 26 21 Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired 22 23

1		41			
City & State City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
<u>'1 — — — — — — — — — — — — — — — — — — —</u>	Gountry 25	Ζιρ <b>29</b>	30	ountry	Fiorida Statutes Yes No
	g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134				81	1 Name
				82	2 Street Address (P.O. Box Number is Not Acceptable)
				83	3
				84	4 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, Soction 607.0505, Florida Statutes.

SIGNATURE	signature, typed or product nume, of registered agent acciding the price.	a cities	مُنَامَ عَدَادِ وَكُنْ أَنْ أَسْلَمُونِ وَ	Care Letter on startigit DATE
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TefLE	PSTD	DELETE	1 1 T-TLE	Change Addition
NAME	CALZADO, SERGIO E JR.		1.2 NAME	CALZADO, SERAIO E. JR. BUNITHI
STREET ADDRESS	14305 SOUTHWEST 57 LANE, UNIT 1		1.3 STREET AUDRESS	14305 SW S 12400
CITY-ST-ZI-	MIAMI FL 33183		1.4 CH Y - ST - ZIP	MIAMI, FL 33183
TITLE	n	DELETE	2 1 THILE	PSD MChange Addition
NAME	CALZADO, ELSI C		2.2 NAME	CALZADO, ELSI C.
STREET ADDRESS	14305 SOUTHWEST 57 LANE, UNIT 1		2.3 STREET ADDRESS	CALZADO, ELSI C.
CITY-ST-ZIP	MIAMI FL 33183		24 CITY - \$1 - 7.51	MIAMI, FL 33183
TITLE		DELFTE	3 1 HITLE	Change Addition
NAME !			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CiTY-ST-ZiP			3 4 CITY - \$1 - ZIP	
TITLE		DELETE	4 1 111LE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STHEET ADDRESS	
City-St-ZiP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5 1 TIFLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY+SI-ZIP			5.4 CHY-ST-ZIP	
TITLE		DELFTE	6 1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			€ 3 STREE1 AUDRESS	<b>i</b>
CITY-SI-7IP			6.4 C/T1 - ST - 7-P	

14. Ido hereby certify that the information supplied with this fring 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SERMOE. CALERDO, UN 3/10/96 305-388-5754

07/05/1995

65-0591846

3a. Date of Last Report

Applied For

Not Applicable

\$8.75 Additional

Fee Required

CR2E034 (12/95)