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

ROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000061474 (9)										
	R-PAUL, CORP.) 1881/884 (18 18/8) 8/10 88/11			ê lê 1862) 8 181 (886)
Principal Place of Business			Maiing Address					174 FEAT 11	A UURI HEIL BI	
1840 W 49 ST SUITE 728 HIALEAH FL 33012		;	1840 W 49 ST Suite 728 Hialeah Fl 33012			1	Incorporated or Qualified	3a. Da	te of Last Re	eport
2. Principa! Pla	and of Business	20 1	Maing Address			4. FEI N	08/09/1995			 Applied For
21	ace of business	26	raing Address				5-060015	7		Not Applicable
Suite, Apt. #	#, etc.	1	uite, Apt. #, etc.			5. Certifi	icate of Status Desired			Additional
City & State		27	ity & State			€ Floati	on Campaign Financing			Required
23		28	nty et entite			l l	Fund Contribution			0 May Be d to Fees
Zip	Country	F1	ďρ	Count	ry	l l	corporation has liability for		tax under s	199.032,
24	25 g. Name and Address of Cur	29 rent Registe	red Agent	[30]			a Statutes Yes	s No Registered	Agent	
			; <u></u>		1 Name	and the state of the state of				
RODRIGUEZ, JESUS G					2 Street	Address (P.O. Bo	x Number is Not Accepta	ıt: 1e)		
1840 W 49 ST				-			·			
SUITE					3					
TRALE	AH FL 33012			6	4 City			FI	85 Zr	p Code
familiar wit	ed agent, or both, in the State of F h, and accept the obligations of, S Stretors type (ed nones) registers).	Section 607.05	ιθ5, Florida Statutes	in .		स्ति वास्त्र । स्ट ाल संस्थानी वी		DATE		
12.	OFFICERS	AND DIRECT		13.		ADDI	TIONS/CHANGES TO OF			
TITLE NAME 4			DELETE	1 1 Tills 1 2 NAM		Paside	in Toral	10 /-	Change	Add tion
STREET ADDRESS				1	ELT ADORESS	1840 11	HO TEST	ים כס. ישרע,	20	
CITY-ST-ZIP					-\$1-ZIP	HILLER	H. FL 33	0/2	~ •	
TIFLE			☐ DELETE	2 1 1111	E				Change	Addition
NAME				2.2 NAM	E					
STHEET ADDRESS				2.3 \$14	EFT ADDRESS					
CITY-ST-ZIP					- ST - ZIF					
TITLE			DELETE	3 1 7111					Change	Addition
NAME PROFES ADDRESS				3.2 NAM						
CITY - ST- ZIP					.EEL ADDRESS →S.E-Z\P					
TITLE			DELFTE	4 1 1171					Change	Addition
NAME				4.2 NAM	16					
\$TREET ADDRESS				43 SIR	EFT ADDRESS					
CITY-ST-ZIP				4.4 CiTY	ST ZIP					
TITLE			☐ DELLETE	5 1 liii.	F				☐ Change	neitibbA 🔲
NAME				5.2 NAM						
STREET ADDRESS					EET ADDRESS	ļ <u></u>	0000018	430	155	
CITY-ST-ZIP			Dorte		ST-ZIP	· · · · · · · · · · · · · · · · · · ·	-05/29/9601	110	<u> </u>	14
TITLE			DELETE	6 1 111		,	***200,00		□] Unange	Agt: tion
NAME				6 2 NAM						<i>5</i> /,
STREET ADDRESS				635'R	EET ADDRESS					11 12

14. I do hereby cert fy 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 12 if Sanger or or an attachment with an address

SIGNATURE:

PRESIDENT AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-36-96 305 824-0170

CR2E034 (12/95)