

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000062774 (1)**

1. Corporation Name
MULTIPLIC DEVELOPMENT CORP.



Principal Place of Business

150 S.E. 2ND AVENUE
SUITE 604
MIAMI FL 33131

Mailing Address

150 S.E. 2ND AVENUE
SUITE 604
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 Sub: Apt. #, etc.

26 Sub: Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

9. Name and Address of Current Registered Agent

**SLOSBERGAS, NELSON
520 BRICKELL KEY DRIVE
SUITE 0-301
MIAMI FL 33131**

3. Date Incorporated or Qualified

08/15/1995

3a. Date of Last Report

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4. FFI Number

65-0626144

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0702 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME	D NUNES, JOSE A	<input type="checkbox"/> DELETE
2. STREET ADDRESS	150 S.E. 2ND AVE. SUITE 604	
3. CITY, STATE, ZIP	MIAMI FL 33131	
4. NAME	D NUNES, NADIR A	<input type="checkbox"/> DELETE
5. STREET ADDRESS	150 S.E. 2ND AVE. SUITE 604	
6. CITY, STATE, ZIP	MIAMI FL 33131	
7. NAME		<input type="checkbox"/> DELETE
8. STREET ADDRESS		
9. CITY, STATE, ZIP		
10. NAME		<input type="checkbox"/> DELETE
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. STREET ADDRESS		
15. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	
3. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	
6. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	
9. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS	
12. CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report 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. I am an officer or director of the corporation or a trustee or a 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 in an attachment with an address.

SIGNATURE: **Jose A. Nunes - Jose Augusta Pereira Nunes (305) 371-6343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/96

CR2E034 (12/95)