

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

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sergeant at Arms
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000066430 (6)

1. Corporation Name
FINA 441, INC.



Principal Place of Business
**18700 N.W. 2ND AVENUE
MIAMI FL 33169**

Mailing Address
**18700 N.W. 2ND AVENUE
MIAMI FL 33169**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
State, Apt. #, etc.					State, Apt. #, etc.				
City & State					City & State				
Zip		County			Zip		County		

3. Date Incorporated or Qualified 08/28/1995	3a. Date of Last Report
4. FEI Number 65-0606233	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MEDINA, ELADIO A
210 174TH STREET
N MIAMI BEACH FL 33160**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Section 607.04(1)(a) 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. The change was authorized by the corporation's board of directors. They hereby accept the appointment as registered agent. I am authorized to sign this report on behalf of the corporation.

SIGNATURE

12.	OPERATING OFFICERS/DIRECTORS	<input type="checkbox"/> DELETE
TITLE	PSD	
NAME	MEDINA, ELADIO A	
STREET ADDRESS	210 174TH STREET APT. 812	
CITY, ST, ZIP	N MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE		
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE	400001907584	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	-07/30/96--01037--006	
43 STREET ADDRESS	***208.75	
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. I do hereby certify that the information supplied in 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 included 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 this corporation; that the person to whom this report is presented to prepare this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: *Eladio A. Medina* **Eladio A. Medina** **4/28/96**

CR2E034 (12/95)