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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	7.9	ary of State CORPORATIONS		
DOCUM 1. Corporation	MENT # P9500	00068245 (6)		
·	RANCE CORNER III, INC.				
Principal Place o	of Business	Muling Address			9188 9688 10188 11911 01001 1111 11881
3680 N.W. 11TH STREET MIAMI FL 33125		3680 N.W. 11TH STREET			
MINNI FL 3	5125	MIAMI FL 33125			
					VATUA REPORT
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite Act F ste		26		65-0604910	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	····	6. Election Campaign Financing	\$5.00 May Be
3 Zip	Country	28 Zip	Complex	Trust Fund Contribution	Added to Fees
4	25	29	Country 30	8. This corporation has liability for intangible Florida Statutes Yes T No	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
CII VA	ADMANDO I		81 Name		
, SILVA, ARMANDO J . 3680 N.W. 11H STREET			82 Street Ad	kkress (P.O. Box Number is Not Acceptable)	
	FL 33125		83		
•			84 City		
				F	85 Ζφ Code
familiar with	diagent, or both in the State of Flanc, and accept the obligations of, Sectional for Special and Speci	nt Stron change was authorize on 607.0505, Florida Statutes	act by the corporation's bi	contains submits this statement for the purpose of coard of directors. Thereby accept the appointment	as registered agent am
12.	OFFICERS AND) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
THTLE	d Silva, armando j	☐ DELF1E	1 × DILE		Change Addition
NAME STREET ADDRESS	3680 N.W. 11TH STREET		1.2 NAME		
CITY - ST - ZiP	MIAMI FL 33125		1.3 STREET ADDRESS 1.4 C/TY - ST - ZIP		
TITLE	D	☐ DELETE	2 1 July 5		☐ Change ☐ Addition
NAME	PEROU, GUIDO		2.2 NAME		
STREET ADDRESS	3680 N.W. 11TH STREET		2 3 STREET ADDRESS		
CITY ST-ZIP	MIAMI FL 33125	DELETE	2.4 CiTy - S1 - ZiP		
NAME:		ב, טיבננייב	3 1 TITLE _ 3 2 NAME		Change
STREET ADDRESS			3.3 STREET ACORESS		
DITY-S1-ZIP			3 4 CITY-ST - 7IP		
LITLE		☐ DELETE	4 1 TIISE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
IIILE		[] DELETE	44 CITY-SI-ZP 5 1 TITLE		•
4AME		<u> </u>	5.2 NAME	500001869 9 -06/20/96010720	月午5 ~ ロベーー 007
STREET ADDRESS			5 3 STREET ADURESS	***200.00	JUT
DIT + ST - ZIP			54 CHTY- ST ZIP		
INTLE		DELETE	6 1 TPLE	/	Change Addution
NAME STREET ADDRESS			6.2 NAMS	,	O'le
CTY-SI-ZiP		, / /	6.3 STREET ADDRESS 6.4 CHY STI-ZIF		_ / `
14. I do hereby	certify that the information supplied w	ith this filing is volunturily furni	shed and does not qualify	y for the exemption stated in Section 119.07(3)(k), F	Florida Statutes I further
oath, that La	he information indicated on this argul am an officer or director of the corpor Block 12 or Block 13 if changed for of	ar repart og supplemental annu	ial report is true and accu empowered to execute I	rrate and that my signature shall have the same leg this report as required by Chapter 607, Florida Staf	ωLeftect as it made under —

SIGNATURE:

F SIGNING OFFICER OR DIRECTOR