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PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUMENT #

1. Corporation Name

P95000072764 (0)

ERNESTO SANDOVAL CORPORATION

Principal Place	e of Business	Mailing Address)	
1649 S.W. 30TH TERRACE 1649 S.W. 30TH TERR FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL			• •		
				09/18/1995	Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# pto	26		65-0611453	Not Applicable
2	π, ειο.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
3		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible	
4	25	29	30	Florida Statutes X Yes No	-
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registers	ed Agent
* * * * * * * * * * * * * * * * * * * *			81 Name		
	VAL, ERNESTO		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
1649 S.W. 30TH TERRACE				· · · · · · · · · · · · · · · · · · ·	
FI. LAU	DERDALE FL 33312		83		
			84 City	-	85 Zip Code
familiar witi SIGNATURE	ed agent, or both, in the State of f h, and accept the obligations of, S Signature typed or printed name of registered in	Section 607.0505, Florida Statutes	s.	oration submits this statement for the purpose of pard of directors. I hereby accept the appointment	changing its registered office as registered agent. I am
12.		AND DIRECTORS	OTE: Registered Agent signature required.	part ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTORS IN 16
ITLE	DPST	DELETE	1. 1 7 ITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	SANDOVAL, ERNESTO		1.2 NAME		
STREET ADDRESS	1649 S.W. 30TH TERRAC		1 3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 333	12	1.4 CITY-ST-ZIP		
ITLE		☐ DELETE	2. 1 TITLE		Change Addition
IAME			2 2 NAME		·
STREET ADDRESS			2 3 STREET ADDRESS		
CITY - ST - ZIP			2 4 CITY - ST - ZIP		
ITLE		☐ DELETE	3. 1 TITLE		Change Addition
AME			3 2 NAME		
TREFT ADDRESS			33. STREET ADDRESS		
TLF		□ DELETE	3.4 CITY-ST-ZIP		
AME		☐ DETE	4. 1 TITLE		Change Addition
TREET ADDRESS			4.2 NAME		
ITY-ST-ZIP			4.3 STREET ADDRESS		
IILE		DELETE	44 CITY - ST - ZIP 5 1 TITLE		Change D Addition
AME			52 NAME		Change Addition
TREET ADDRESS			5.3 STREET ADDRESS		
iTY-ST-ZIP			5.4 CITY-ST-ZIP		
TLE		DELETE	6. 1 TITLE		☐ Change ☐ Addition
AME			6.2 NAME		
TREET ADDRESS			5.3 STREET ADDRESS		
ITY-ST-ZIP			6 4 CITY - ST - ZIP		
oath; that I		rporation or the receiver or trustee	ual report is true and accur a empowered to execute th	for the exemption stated in Section 119.07(3)(k), Fate and that my signature shall have the same legals report as required by Chapter 607, Florida Stat	
SIGNAT	JRE: SIGNATURE AND TYPE	OR PRINTED NAME OF SIGNING OFFICE	A ON A		
		Or Growing Of FIGE	······································	Date	Daytime Phone #

CR2E034 (12/95)