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

PROFIT



FLORIDA DEPARTMENT OF STATE

CORPORATION Sandra B. M ANNUAL REPORT Secretary of 1996 DIVISION OF COR						ary of State	0					
	OCUN Corporation	ME:NT #	# P9500	00074	689 (7))						
	BUGAL	OTUA U.	SHOP, INC.					 	IJDI BIRIJ BANK BBNI	Handi arnii dark bil		
Principa! Place of Business Mailing Address												
13101 N.W. 27TH AVE. 13101 N.W. 27TH AVE. MIAMI FL 33167 MIAMI FL 33167												
								3. Date incorporate 09/27/199	ed or Qualified 5	3a. Date of L	ast Re	port
2. 21	Principal Pla	ace of Business	5	2a. Mai 26	iling Address			4. FEI Number 65-0.	61677	0		pplied For tot Applicable
22		uite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Sta	itus Desired		B.75	Additional tequired
23	City & State			28 Zip	& State	.		6. Election Campai Trust Fund Cont				May Be to Fees
24	Zφ	Country 25 2				Соц 30	ntry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes				199.032,
, <u>-</u>		9. Name a	nd Address of Curre	ent Registere	d Agent		81 Name	10. Name and Add	iress of New R	egistered Ager	nt	
11	FRANCO, SERGIO A 13101 N.W. 27TH AVENUE MIAMI FL 33167 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, the ob-							ress (P.O. Box Number i		FL 85	1 .	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agriculture required when reinstating)												igistered office agent. I am
12					t: Registered.	Agont signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				20 11 40	
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14. If do hereby cert fy that the information supplied with this fling 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 anual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 13 if changed, or on an attachment with an address.

305-681-5776

Daytime Phone N