

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.  
 AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275.)

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

FILED

96 NOV 18 PM 3:52

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P9500077181

1. Corporation Name  
 JULIANA INDUSTRIES, INC.  
 500 NW 24th ST  
 MIAMI FL 33127

Principal Place of Business Mailing Address  
 500 NW 24th Street  
 Miami FL 33127

REINSTATEMENT NO

2. Principal Place of Business 21 500 NW 25th St	2a. Mailing Address 2a 1104 SW 1st St., Miami FL
22 Suite, Apt. #, etc.	22 Suite, Apt. #, etc.
23 City & State MIAMI FL 33127	23 City & State MIAMI FL 33130
24 Zip 33127 Country USA	24 Zip 33130 Country USA

3. Date Incorporated or Qualified Sep. 29, 1995	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RAFAEL SANCHEZ-DOPAZO 1760 SW 1st Ave., Miami FL 33129		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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 11/26/96  
Signature of the filer provided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RAFAEL SANCHEZ-DOPAZO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1760 SW First Ave.,	1.2 NAME	
STREET ADDRESS	Miami FL 33129 <u>P</u>	1.3 STREET ADDRESS	100002012001--9
CITY-ST-ZIP		1.4 CITY-ST-ZIP	-11/22/96--01015--024
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	*****375.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	100002012001--9
STREET ADDRESS		3.3 STREET ADDRESS	-11/22/96--01015--025
CITY-ST-ZIP		3.4 CITY-ST-ZIP	*****8.75 *****8.75
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with 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 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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: [Signature] Rafael Sanchez-Dopazo Dir. 305/545-5471  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2034 (3/96)