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

PROFIT CORPORATION ANNUAL REPORT



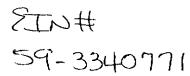
## FLORIDA DEPARTMENT OF STATE

Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000079251 (1)

EL OSO BLANCO, INC.



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Principa' Place of Business Mailing Address				I realiadh sha rana i afth eann Ealth abhli bann seala 1800 1800 1900 1901 1801 1861								
		36 JACKSON SPRING MPA FL 33615										
								3. Date Incorporate 10/16/1995		3a. Date	of Last R	Seport
2. Principal Place of Busi	ness	ha san	Mailing Address					4. FEI Number		·		Applied For
21		26						59-334	<u>0771</u>			Not Applicable
Surte, Apt. #, etc.		├ı	Suite Apt. #, etc.					5. Certif-cate of Stat	tus Desired		•	Additional
Orty & State		27	City & State									Required
23		28	City & State					<ol> <li>Election Campaig</li> <li>Trust Fund Contr</li> </ol>				May Be
Zip	Gountry			Co	untry			8. This corporation	·· <del></del>	ntanoible ta		d to Fees
24	25	29		30				Florida Statutes	Yes		A GIIGGI S	100.002,
g, Nam	e and Address of Current P	legiste	ered Agent		L,			10. Name and Add	ess of New R	egistered #	gent	
	_				81	Na	ne					
BORGES, LAZARA	4				82	Str	eet Addres	ss (P.O. Box Number is	Not Acceptabl	e)		
8336 JACKSON S										<u>.</u>		
TÂMPA FL, 33615					83							
`					84	Cit	/				85 Z	p Code
11. Pursuant to the provide	sions of Sections 607.0502 an	d 607	1508 Florida Statutes	s the abo	] ]VP-P	ame	Logropeal	on submits this staten	ant for the num	FL.	paina ita r	roactorud office
or registered agent, d	or both, in the State of Florida ept the obligations of, Soction	PARTIC	oriange was authorized	d by the	corpo	oratic	n's board	of directors. I hereby a	ccept the appo	intrient as	registered	l agent. I am
SIGNATURE	doubre tea name of respect roof a plut and											
12.	OFFICERS AND I			13.	1	Sept at	Treates on the Low	ADDITIONS (CLAN	NOED TO DECI	DA'L	DIDECTO	252 151 46
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CITY-ST-ZIP	at the information complex to the	#ha.c. & 1	and in the state of the state of	64C	ITY - ST	I-ZIP			-			

4. I do hereby certify 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 indivated 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on a true time an address.

SIGNATURE

MANA BOLLED LAZARA BOTGES

46/96

813-882-9497