## 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

P95000086215 (7) **DOCUMENT #** 

1. Corporation Name

MALICIANI EVENTOR CODE

Principal Place of 1305 NW 1261 SUNRISE FL 3	TH AVENUE	Mailing Address 1305 NW 126TH AVENI SUNRISE FL 33323	 UE			
						3. Date Incorporated or Qualified 3a. Date of Last Report N A
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number Applied For 65 - 06 19 788 Not Applied be
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
22 City & State		City & State				6. Election Campaign Financing \$5.00 May Be
<b>Z</b> (p	Country	28 Zip	Cour	itry		8. This corporation has liability for intengible tax under s 199.032.
24	25	29	30			Florida Statutes Yes No
	g. Name and Address of Current	Registered Agent		81 Ĭ	Name	10. Name and Address of New Registered Agent
1/4) DUE	UL FROM			ا'°		
VALBUENA, EDGAR 1305 NW 126TH AVENUE				82	Street Ac	Address (P.O. Box Number is Not Acceptable)
	FL 33323		ŀ	83		
SONNOL	. 1 € 33323					
				84	City	FL 85 Zip Code
SIGNATURE	n, and accept the obligations of, Section of Proposed Agents OFFICERS AND VALBUENA, EDGAR 1305 NW 126TH AVENUE SUNRISE FL 33323 D PERAZA, JOSE FELIX	nd tille if applicable. (NO	13. 13. 1.1 TC	ALKATA TLE ME REET TLE	ADDRESS	board of directors. Thereby accept the appointment as registered agent. I am    DATE
STREET ADDRESS	1305 NW 126TH AVENUE SUNRISE FL 33323		B B		ADDRESS	
CITY-ST-ZIP TITLE	D	DELETE	24 CF 3 1 TI		L-ZIP	Change Addition
NAME	RUIZ, MONICA		3.2 NA			
STREET ADDRESS	1305 NW 128TH AVENUE				ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323		3.4.00	IY-S	1-20	
TITLE		☐ DELETE	4.11			Change Addition
NAME			4.2 NA	MΕ		
STREET ADDRESS			4.3 \$1	HE E T	ADDRESS	
CITY-ST-ZIP			4.4.CI	IY-S	I - 7iP	
TITLE		DELETE	. 5 1 Ti	TLE		☐ Change ☐ Addition
NAME			5 2 N/	ME		
STREET ADDRESS			53 ST	REET	ADDRESS	
CITY-SI-ZIP			5 4 CI	1Y-S	1 · ZIP	4 0000 4 2000 6.8
TITLE		DELETE.	6 1 T	ILE	İ	40000175035649e □ Addition -03/20/9601007024
NAME			6 2 NA	ME		1
STREET ADDRESS			6 3 S1	KEE I	ADDRESS	***200.00
CITY-ST-ZIP			640	TY-S	ST - ZIP	rulis, for the exemption stated in Section 119.07/3/k). Florida Statutes I further

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 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if change it is not a supplement with an indigress. SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR

(305) 828-4327 Dayson Proces

Dagine Priore #

CR2E034 (12/95)