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HATURE AND TYPED ON PRINTED NAME OF BIGNING OF

SIGNATURE:

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000092821 (4)

12 010	A DE GATO CORP.			. 1885/1881 (18 1818/1811) 88111 88111 88111	
Principal Place of Business 2500 N.W. 79TH AVENUE MIAMI FL 33122		Mailing Address			88111
		2500 N.W. 79TH AVENUE MIAMI FL 33122			
				3. Date Incorporated or Qualified 12/04/1995	3a. Date of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	# etc	Suite, Apt. #, etc.			Not Applicable
22	.,	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	8. This corporation has liability for	Intangible tax under s 199.032,
	25 9. Name and Address of Curr	29 rent Registered Agent	30		□No
			81 Name	10. Name and Address of New F	legistered Agent
LOPEZ, «	JORGE A				
2500 N.V	V. 79TH AVENUE		82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)
"Miami fl	L 33122 ·		83		
			84 City		100 7.0
11 0			- '		FL 85 Zip Code
or registere	o the provisions of Sections 607,05 ed agent, or both, in the State of Fic h, and accept the obligations of Sc	ouz and 607.1508, Florida Statu orida. Such change was author	ites, the above-named corpo ized by the corporation's boa	pration submits this statement for the pur ard of directors. Thereby accept the app	rpose of changing its registered office ointment as registered agent. I am
familiar with	in who doodyn the obligations of, be	schon 607.0505, Florida Statute	es.		
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered ag	(true and title if applicable (f	NOTE: Registered Agent signature require	ed when reinstating)	DATE
SIGNATURE 2	Signature, typed or printed name of registered ag	ont and title if applicable (f	NOTE: Registered Agent signature require		DATE ICERS AND DIRECTORS IN 12
SIGNATURE 25 12. TITLE	Signature, typed or printed namic of registered ag OFFICERS A	(true and title if applicable (f	OTE: Registered Agont signature requin	ed when reinstating)	DATE
SIGNATURE 25 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A	ont and title if applicable (f	NOTE: Registered Agent signature requiring 13. 1.17/ILE 12 NAME	ed when reinstating)	DATE ICERS AND DIRECTORS IN 12
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Jose M. Alvarez 4/21/96 Date (305) 715-0000 7-3378