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PROFIT CORPORATION ANNUAL REPORT

1997

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CHY-S1-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089253 (4)

FEC S&D ASSOCIATED, CO.

Principal Place of Business Mailing Address 708 SW 97TH CT. CIR. 708 SW 97TH CT. CIR. **MIAMI FL 33174** MIAMI FL 33174-1987 3. Date Incorporated or Qualified 3a. Date of Last Report 10/30/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65 - *0725 95* Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip This corporation has liability for intangible tax under s. 199.032, Yes Yo 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LECHE, LUISA M 708 SW 97TH CT. CIR. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33174** 83 84 City Zip Code 85 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 fam.har with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required whon reinstating) Signal are typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) DELETE Change Addition 117016 THEF CUEVAS, RAFAEL J NAM 1.2 NAME R2E034 708 SW 97TH CT. CIR. 1.3 STREET ADDRESS STREET ADDIVESS **MIAMI FL 33174** CITY - \$1 - ZIP 1.4 CITY-ST-ZIF DELETE Change Addition 21 TITLE THEF CUEVAS, MAURICIO J NAME 22 NAME 708 SW 97TH CT. CIR. 2 3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33174** 2. 4 CITY - ST - ZIP CHY-\$1-20 DELETE Change Addition TITLE 3.1 TITLE CUEVAS, EDUARDO J 3.2 NAME NAME 3303 S. ARCHIBALD AVE. APT. 318 3.3 STREET ADDRESS STREET ADDRESS ONTARIO CA 91761 3 4. CITY-ST-ZIP Dity-St-7P Change Addition DELETE 4 1 TITLE THEF LECHE, LUISA M 4. 2 NAME 11211 S. MILITARY TRL., APT. 3612 4.3 STREET ADDRESS STREET ADDRESS **BOYTON BEACH FL 33436** 4.4 City - ST - ZIP CHY 51-ZIP DELETE Change Addition THEF 5.1 TITLE NAMI 5.2 NAME STREET ADDRESS 53 STREET ADDRESS 5 4 City - ST-ZIP CITY: \$1-ZIP Addition DELETE 61 TITLE Change HILE 6.2 NAME NAME

> 6.3 STREET ADDRESS 6.4 CITY+ST+ZIP

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

Apri / 26, 1997. Daytime Phone

0235911

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

13 if emanged, or on an attachment with an address.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR