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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

(8)

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Principal Place of Business



ASSE WEST							
1255 WEST 46TH STREET. SUITE 17 HIALEAH FL 33012-4241			1255 WEST 46TH STREET. SUITE 17 HIALEAH FL 33012-4241				
					3. Date Incorporated or Qualified 3a 09/10/1990	Date of Last F     03/07/1	•
2. Principal Pla	ce of Business	2a. N	Mailing Address	74. A	4. FEI Number		Applied For
21		26	5		65-0217514	<b>├</b> ── <b>↓</b>	Not Applicable
Suite, Apt. #	, etc.	S	Suite, Apt. #, etc.				5 Additional
2		27	70.00		5. Certificate of Status Desired		Required
City & State		(	City & State		6. Election Campaign Financing	\$5.0	00 May Be
3		28			Trust Fund Contribution		ed to Fees
Z)p 4	Country 25	29	(ip	Country	8. This corporation has liability for intance Florida Statutes		199.032,
<del>-</del> 1	g. Name and Address of Curr		red Agent	30	Florida Statutes Yes   10. Name and Address of New Regis		
			- Tagent	81 Name	IV. Haine and Address of New Negls	releo Agent	
EVDA	ITO VIVIAN						
	/EST 46 STREET			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE				83			
	17 JH FL 33012						
HIALEA	IT FL 33012			84 City		FL 85 Z	ip Code
11. Pursuant to	the provisions of Sections 607.05	02 and 607.1	1508, Florida Statu	ites, the above named coroo	oration submits this statement for the purpose	of phoneins its	registered offic
or registere	o agent, or both, in the State of No	orida. Such di	nange was authon	ized by the corporation's tio:	ard of directors. Thereby accept the appointm	ent as registered	d agent. I am
	n, and accept the obligations of, Se	CO. 100 HOUSE	oo, Honea Otalote				
SIGNATURE	i, and accept the obligations of, Se		•		and when real stating:	DATE	
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SIGNATURE s	Signature, typed or printed name of registered ag	ent and title it appl	licarrie. (N	KiffE Euglisterad Agent signature requi	ist when real stating:  ADDITIONS/CHANGES TO OFFICER:		DRS IN 12
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ceruly 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 thick 13 if yinged, or on an attachment with an address.

SIGNATURE:

AMARO Exposito 4-01-96

(305)823-9011