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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # S070 7	78	(6)							
	TRUCTIVA GROUP, INC.									
Principal Place	of Business		ailing Address							
MIAMI FL 33165-962			4515 SW 89TH PLACE MIAMI FL 33165-962							
US			US		-	3. Date Incorporated or Qualified 10/16/1990	1	of Last Re 1/04/199	•	
2. Principal Pla	ice of Business		Mailing Address			4. FEI Number		→	Applied For]
Suite, Apt. #	. ato	26	Suite Ant # etc			65-0241092			Not Applicable	4
Sulle, Apt. #	r, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & State	·· ···································	1-1	City & State			6. Election Campaign Financing		\$5.00	May Be	7
23		28				Trust Fund Contribution			to Fees	_
Zip 24	Country 25	29	Zip	Country 30		8. This corporation has liability for in Florida Statutes Yes	□ No		199.032,	
	9. Name and Address of Curre	ent Regis	tered Agent	81 Name		10. Name and Address of New Re	egistered A	gent		-
BUBAN	*****				Tur	UH, MAHUEL				╝
	MANUEL 27TH AVE.			B2 Stree	t Addres	s (P.O. Box Number is Not Acceptabl	8)			
SUITE 2				83	119	JM'D'I TUPLE				
MIAMI F								T1 -		
	2 00 100			84 City	MIN	4)	FL		Code	
11. Pursuant to	o the provisions of Sections 607.050	02 and 60	7.1508, Florida Statute	es, the above-named	corporati	on submits this statement for the pure	ose of cha	naina its fo	egistered office	e
familiar witi	in, and accept the obligations of, Se	ction 607.	0505, Florida Statutes	ed by the corporation.	S DOard	of directors. I hereby accept the appo	iiiiiiieiii as	egistereu	agent. Lam	
signature _										
12.	Signature, typed or printed name of registered age OFFICERS A			TE Registered Agent signature 13.	e required wi	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	RS IN 12	6
TITLE	T	TO DITE.	DELETE	1. 1 TITLE	Τ] Change	Addition	CR2E034 (12/95)
NAME	PURON, ELISA M.			1.2 NAME						<u>¥</u>
STREET ADDRESS	4515 SW 89 PLACE			1.3 STREET ADDRESS	3					Ö
CITY-ST-ZIP	MIAMI FL			1.4 CITY - ST - ZIP						
tirLt	VS		□ DELETE	2. 1 TITLE] Change	☐ Addition	ا
NAME	PURON, MANUEL			2.2 NAME						
STREET ADDRESS	4515 SW 89 PLACE			2.3 STREET ADDRESS	5					
CITY-ST-ZIP TITLE	MIAMI FL		☐ DELETE	2.4 C(TY - ST - Z(P 3. 1 T(TLE				Change	☐ Addition	_
NAME	SIMON, SILSA		Delicite	3.2 NAME			L	J Grango		
STREET ADDRESS	4515 SW 89 PLACE			3.3 STREET ADDRESS	s					
CITY-ST-ZIP	MIAMI FL			3.4 CITY - ST - ZIP]					
TITLE			DELETE	4. 1 TITLE			E	Change	Addition	٦
NAME				4.2 NAME		d months a second	در			
STREET ADDRESS				4.3 STREET ADDRESS	s	1 DUUUU 1 75	14と) 2200	1 1		
CITY-ST-ZIP				4.4 CITY - ST - ZIP		10000179 -04/25/96010 ***200.00	JJ~~UL	1 <u>C</u>		_
TITLE			☐ DELETE	5. 1 TITLE		**************************************] Change	☐ Addition	
NAME				5.2 NAME						
STREFT ADDRESS				5 3 STREET ADDRESS	i					
CITY-ST-ZIP TITLE			DELETE	5.4 CITY-SI-ZIP 6.1 TITLE				Change	Addition	\dashv
NAME			L. Juccia	6 2 NAME]	NER	
STREET ADDRESS				63 STREET ADDRESS	,			F		
CITY - ST - ZIP				6 4 CITY - ST - ZIP				4	-25-96	.
14. I do hereby	y certify that the information supplie	d with this	filing is voluntarily furn		ualify for	the exemption stated in Section 119.	07(3)(k), Flo	ida Statut	es. I further	1

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 changed or on an attachment with an address.

SIGNATURE: ______