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

Principal Place of Business

DOCUMENT # 1. Corporation Name

S13265

(1)

Mailing Address

FILED May 01 1996 8:00 am Secretary of State

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	13327 SW 42ND ST MIAMI FL 33175					13327 S.W. 42 ST. Miami Fl. 33175						
	US								3. Date Incorporated or Qualified 11/15/1990	3a. Date of La 03/10		
2.	Principal Pla	Place o' Business 24				2a. Mailing Address			4. FEI Number		Applied For	
21						26			65-0236712		Not Applicable	
Suite, Apt. #, etc				27	Suite, Apt. #, etc. 7			5. Certificate of Status Desired		.75 Additional see Required		
23	Crty & State	State				City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
24	Zip Country 25 29					Zip Country 30			B. This corporation has liability for intangible tax under s 199:032, Florida Statutes			
		9. Name a	nd Ad	dress of Current	Regis	stered Agent		т	10. Name and Address of New R	egistered Agent	t	
							81	Name				
		Carlos .W. 42 St.					82	Street Ad	ddress (P.O. Box Number is Not Acceptab	le;		
	MIAMI F						83					
							84	City	THE STATE OF THE S	FL 85	Zip Code	
11	 or registere 	d agent, or bi	oth, an	the State of Florid	a Suc	07.1508, Florida Statut fi change was authori: .0505, Florida Statute:	red by the con	named corp oration's b	poration submits this statement for the pur loand of directors. I hereby accept the appr	pose of changing pintment as regist	its registered office ered agent. I am	
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12	2.			OFFICERS AND	DIRE	T	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12	
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nis filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 further not or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name attachment with an articless. certify that the information indigate oath; that I am an officer or direct appears in Block 12 or Block 13 if

SIGNATURE: X

INTED NAME OF SIGNING OFFICER OF DIRECTOR

X 5-1-96 X229-1632