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

DOCUMENT # S43495

1. Corporation Name

(8)

MONTE DE SION, A. C. L. F., INC.

Principal Place of Business Mailing Address					F SABIIDIO HI BIDDO IIIII DEDIN ION	I BAIR BEDIL DÍOIL BIBIL DIBIL DIBIL BIBEL IDOI
3204 LEROY ST TAMPA FL 33607		3204 LEROY ST TAMPA FL 33607				
					3. Date Incorporated or Qualified 04/05/1991	3a. Date of Last Report 03/16/1995
Principal Place of Business 21		2a. Mailing Address 26	<u>├</u> ┐ ~ ~		4. FEI Number 59-3068238	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc	·.		5. Certificate of Status Desired	\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation has liability for	
24	25	29	30		-	No No
	9. Name and Address o	f Current Registered Agent	8	Name	10. Name and Address of New I	legistered Agent
W (EL)E 7	VADA N		•			
JIMENEZ,			82 Street Ad		ddress (P.O. Box Number is Not Acceptal	ole)
3204 LEROY ST TAMPA FL 33607			B:	3		
IAMEA E	L 33007					
			B-	City		FI 85 Zip Code
or registere	d agent, or both, in the Stat	607.0502 and 607.1508, Florida St e of Florida. Such change was auth s of, Section 607.0505, Florida Stat	norized by the cor	named corporation's t	poration submits this statement for the pu poard of directors. I hereby accept the app	rpose of changing its registered office pointment as registered agent. I am
SIGNATIONE	lignature, typed or printed name of regi			ent signature re	quired when reinstating;	DATE
12.		CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
TITLE	pt Jimenez, yara m.	☐ DELETE	1. 1 TiTL			
NAME	3204 LEROY ST		1.2 NAM	ET ADDRESS		
STREFT ADDRESS	TALIDA CI		1.4 CITY			
CITY-ST-ZIP TITLE			2 1 1110			Change Addition
NAME	JIMENEZ, RAUL	.	2.2 NAM		0	-
STREET ADDRESS	3204 LEROY ST		2.3 STRE	ET ADORESS	Resigned	
CITY - ST - ZIP	TAMPA FL	ALAMA PI		-ST-ZIP		
TITLE	DELETE 3.1		3. 1 TITU			Change Addition
NAME	[3.2 NAME			
STREET ADDRESS			3.3. STRI	ET ADDRESS		
CITY-ST-ZIP			3.4 CITY			☐ Change ☐ Addition
TITLE	DELETE		4, 1 TiTL			Fill results Till vocation
NAME			4.2 NAM	ET ADDRESS		
STREET ADDRESS				-ST-ZIP		
CHTY-ST-ZIP TITLE		DELETE 5				Change Addition
NAME		Beater	5 2 NAM			-
STREET ADDRESS				ET ADDRESS		
CITY-SI-ZIP			5.4 CITY			
TITLE			6. 1 TITL	E		Change Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6 3 STRE	ET ADDRESS		
CITY - ST - ZIP				- ST - ZIP		0.07/0///\ Flacida Otal dan 14 at
14. I do hereby	certify that the information	supplied with this filing is voluntarily	/ turnished and do Langual report is:	es not qua	lify for the exemption stated in Section 11	e.u/(J)(K), Hi0rida Statutes. I turther e same legal effect as if made under

I. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further 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 unde 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 charged, or on an attackment with an address.

SIGNATURE

JOIO MIN TIMENE THE RESIDENCE OFFICER OF DISECTOR

1 4-20-96 92574

B2E034 /12/95