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

	SOCIATES, INC.							
ncipal Place of Busine		Mã	iling Address					
790-NW-LE-JEUNE	PD.	4	-790 N.W. LE JEUN -00772 400	5-80				
MIAMI FL 33126-553	16		MIAMI FL 33126-55	36				
						3. Date Incorporated or Qualified 04/18/1991		of Last Report
Principal Place of Bus	siness	2a.	Mailing Address			4. FEI Number	'	07/06/1995 Applied For
13 Bijoux	Plaza	26	782 NW Le	eJeune R	oad	65-0206400		Not Applicab
Suite, Apt. #, etc.	Marom		Suite, Apt. #, etc.			5. Certificate of Status Desired	r¬	\$8.75 Additional
RADISSON	MART	27	Suite 548	3		U. Commedie of States Desired		Fee Required
City & State 755 NW 72	Avenue	28	City & State Miami	Flori	A a	6. Election Campaign Financing		\$5.00 May Be
Zip	Country		Zip	Country	ua	Trust Fund Contribution 8. This corporation has liability for		Added to Fees
33126	25 USA	29	33126	30 USA			r intangible tax is □No	Cunders 199.032,
9. Naп	ne and Address of Cu	rrent Regist	ered Agent			10. Name and Address of New	_	gent
				1 B1 P	Name JOSE	M. MARQUEZ, ES	^	
MARQUEZ, JO				82 5	Street Addres	ss (P.O. Box Number is Not Accepte NW LeJeune Road	ible)	,
-700 N.W. LE J	EUNE ROAD-				782	NW LeJeune Road	<u>, </u>	
-CUITE 400-	00			83	Suit	e 548		
*MINN FL 331	//			84 (Miam			85 Zip Code
Pursuant to/The prov	usions of Sections 607.0	1502 and 602	7 1508 Florida Statut	toe the above page	Mlam		FL	33126
or registered agent,	or both, At the State of F	Iorida. Such	change was authorize	ed by the corpora	tion's board	tion submits this statement for the pu of directors. I hereby accept the app	urpose of char pointment as r	nging its registered offi registered agent. I am
TOTAL PROPERTY AND A STORY	cept the the pasitonial or, a							-
175	NA MA	Dist	, 110 Statutes	S.				
175	Self or printed name or registered a	My	W)					
NATURE Stated of Syst	A or printed name or registered a	My	(1 th at its) (NX	OTE Registered Agent sig			DATE	
NATURE Special Type OP	est or prihai name or registaned a OFFICERS	AUU and total a		OTE Registered Agent sig	prature required v	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND I	DIRECTORS IN 12
NATURE SAME TO THE	est or perthal rights or registated a OFFICERS NNER, SALOMON	AUU and total a	(1 th at its) (NX	OTE Registered Agent sig	grature required v	ADDITIONS/CHANGES TO OF RNER, Salomon	DATE FICERS AND I	DIRECTORS IN 12
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SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96 (305) 266-2211