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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # S47648

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U.S. 8	WITCH, INC.		1 (20(18)8 1H 0(8)1 (2018 0(18) 8)18	DI 1811 GIBIT BIBIT ANDIN BIBIT BIBIT BIBIT INDE		
Principal Place	of Business	Mailing Address	Mailing Address			er iati gişir bibii dibil gibil giğil biğit ibbi
-7038-6W-477 MIAMI-FL-33		7038 SW 47TH STREET MI AMI FL 8315 5				
					3. Date Incorporated or Qualified 04/24/1991	3a. Date of Last Report 05/01/1995
2, Principal Pla	ice of Business	2a. Mailing Address	1 1	01	4. FEI Number	Applied For
21		26 901 Porcede Leon Blud			65-0257974	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc. 27 Suite. 600			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State				Fee Required
23		28 CORAL GSbles - F/			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Zip	Countr	, 	8. This corporation has liability for	
24	25	29 33/34	30 6	158		□ No
	Name and Address of Current	nt Registered Agent			10. Name and Address of New F	Registered Agent
			8	Name		
	SO-MURIAS, HECTOR		8.	Street Add	ress (P.O. Box Number is Not Acceptab	ole)
	rickell ave.			ļ.,,		
STE 190			83	3		
MIAMI F	L 33131		84	City		85 Zip Code
41 Divouant to	a the providence of Cyclicae 607.0600	9 and 003 4500 fts bls 01-541-		1		
or registere	of the provisions of Sections 607,0502 agent, or both, in the State of Flori	z and 607.1506, Honoa Stat ute s ida. Such change was autho rize d	s, the above d by the cor	named corpo poration's boa	ration submits this statement for the pur and of directors. I hereby accept the app	pose of changing its registered office ointment as registered agent. I am
familiar wit	h, and accept the obligations of, Sect	tion 607.0505, Florida Statutes.			.,,	
SIGNATURE _	Signature, typod or piloted name of registered ages	Sawidita it applicable BAYES	E State of Acc	mt signature recure	al characteristics	7.34
12.		ID DIRECTORS	13.	m: signature remine	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 10
TILE	DPT	[] DELFTE	1 1 1171.6		ADDITIONO INTIGER TO OTT	Change Addition
-NAME	GRUSZKA-TRESS, RAFAEL		1.2 NAME			
STREET ADDRESS	7038 SW 47 ST		13 STREE	1 ADDRESS		
CITY-ST-ZIP	MIAMI FL		14 CITY-	S7-ZIP		
TITLE	-V6-	DELETE	2 1 TITLE			Change Addition
NAME	DE LOS RIOS, JOSEPH M		2.2 NAME			
STREET ADORESS	7030 CW 47-ST		23 STREE	T ADDRESS		
CITY-ST-ZIP	MAMIEL		24 CiTY-	S1 - ZIP		I
TITLE		☐ DETE LE	3. 1 TITLE			Change Addition
NAME			3.2 NAME	ľ	·	•
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CHY-ST-ZIP	- 1864 da 1 a 654 mars - 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1 a 1	prog. pop. prog.	3.4 CITY-			
TITLE		DELETE	4.11016			Change Addition
NAME			4.2 NAME			
STREET ADDRESS				I ADDRESS		
C-TY-ST-ZIP		C) DECTE	4.4 CITY-	S1 - ZIP	<u> </u>	15699
TITLE		☐ DELFTE	5 1 THLE		90000185 -05/22/96011 ***225.00	19023 Change Addition
NAME OTOLET ANNOUSES			5.2 NAME	r apportus	***ZZ5.UU	SM_
STREET ADDRESS				f ADDRESS		700
CITY - S1 - ZIP TITLE		□ DELETE	5.4 CITY- 6. 1 TITLE	SI-ZIP		
NAME		LT percet	6.2 NAME			Skinger Addition
STREET ADDRESS				I ADDRESS		r) 12
CITY+ST-ZIP			6.4 CITY-	· · · · · · · · · · · · · · · · · · ·)' -
	certify that the information supplied	with this filing is voluntarily furnish	hed and doe	s not qualify f	or the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further

ceruity triat 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.

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RAFACIGOUSZKA S/15/96 SIGNATURE AND PIPED OF PRINTED NAME OF SIGNING