

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name:

Principal Place of Business

Mailing Address

1214 S.W. 12TH CT.
MIAMI FL 33135-5420

3a. Date of Last Report
01/26/1995

4. FEI Number	Applied For
65-0323550	Not Applicable

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name	LEZZANO, JUAN R
82	Street Address (P.O. Box Number is Not Acceptable)	1240 SW 12 STREET
83		MIAMI
84	City	FL 85 33135

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

²Signature, typed or printed name of registered agent and title acceptable.

(NOTE: Registered Apple signature required when reinstalling)

DATE _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-----------	--	---------------------------------	-----------------------------------

22 NAME _____

23 STREET ADDRESS

24 CITY - ST - ZIP

3 1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-----------	---------------------------------	-----------------------------------

32 NAME	
---------	--

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-----------	---

4.2 NAME	
----------	--

4.3 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
-----------	---

5 2 NAME	
----------	--

5 3 STREET ADDRESS

54 CITY-ST-ZIP	
----------------	--

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
-----------	---------------------------------	-----------------------------------

6 2 NAME	
----------	--

63 STREET ADDRESS

City - ST - ZIP 64 CITY - ST - ZIP

14. 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 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 of the report or the instrument with an address 305

SIGNATURE: JUAN R. LEZCANO
DIRECTOR
1/20/16 8565239
Date Date-time Phone #

CR2E034 (12/95)