

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # S64471 (3)**

1. Corporation Name  
**GRUPO INBIENES, INC.**



Principal Place of Business  
**19331 NE 36 PL  
AVENTURA FL 33180  
US**

Mailing Address  
**19331 NE 36 PL  
AVENTURA FL 33180  
US**

3. Date Incorporated or Qualified **07/01/1991** 3a. Date of Last Report **04/19/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number <b>65-0287425</b>	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent

**SAKOWITZ, ALAN  
1111 KANE CONCOURSE  
STE 401  
BAY HARBOR ISLANDS FL 33154**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of the registered agent and the date of signature. (PLEASE - Registered Agent signature required when taking state.)

12. OFFICERS AND DIRECTORS

TITLE	<b>PO</b>	<input type="checkbox"/> DELETE
NAME	<b>CORCIA, JOSE T</b>	
STREET ADDRESS	<b>19331 NE 36 PL</b>	
CITY - ST - ZIP	<b>AVENTURA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>DE TRUZMAN, ALIA C</b>	
STREET ADDRESS	<b>19331 NE 36 PL</b>	
CITY - ST - ZIP	<b>AVENTURA FL</b>	
TITLE	<del>VD</del>	<input type="checkbox"/> DELETE
NAME	<del>TRUZMAN, MESSOD</del>	
STREET ADDRESS	<del>19331 NE 36 PL</del>	
CITY - ST - ZIP	<del>AVENTURA FL</del>	
TITLE	<del>VD</del>	<input type="checkbox"/> DELETE
NAME	<del>TRUZMAN, MIGUEL</del>	
STREET ADDRESS	<del>19331 NE 36 PL</del>	
CITY - ST - ZIP	<del>AVENTURA FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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-07/18/96--01008--038  
\*\*\*200.00**

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 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

05/11/1996