F COR ANNL	E NOW: PROFIT PORATION JAL REPOR 1996	1		Y 1 IS \$ A DEPARTME Sandra B. Mo Secretary of S HON OF CORP	NT OF STATE rtham State			
1. Corporation		S7093 DNAL CORP.	32 (	(6)				
Principal Place of Business     Mailing Address       12220 S.W. 121ST AVENUE     12220 S.W. 121ST AVENUE       MIAMI FL 33186     MIAMI FL 33186						3. Date Incorporated or Qualified	<b>3a</b> . Date of Last R	
2. Principal Pla	ace of Business		2a, Mailing Addr	855		07/29/1991 4. FEI Number	03/16/19	· .
21 9360	Sunset	Drive	26			65-0308840		Not Applicable
Suite, Apt. / 22 232	#, etc.		Suite, Apt. #	etc.		5. Certificate of Status Desired		Additional
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution	5.0	O May Be d to Fees
Zφ 24 33173	25	Country	Zip 29	30	Country	8. This corporation has liability for i Florida Statutes	ntangible tax under s	
		d Address of Currer			81 Name	10, Name and Address of New R		
<ul> <li>LARREA, RAFAEL E.</li> <li>12220 S.W. 121ST AVENUE</li> <li>MIAMI FL 33186</li> <li>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes or registered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> </ul>					83 84 City	dress (P.O. Box Number is Not Acceptab oration submits this statement for the pur ard of directors. I hereby accept the appo	FL 85 Zir	) Code egistered office agent. f am
SIGNATURE	Signature, typed or pri	inted name of registered agent	and tite if applicable	(NOTE Bogis	ered Agent signatura raqui	red when reinstaling)	DATE	
12.			D DIRECTORS	1	3.	ADDITIONS/CHANGES TO OFF		RS IN 12
TITLE NAME			DEL.		1 TITLE		🔲 Change	RS IN 12 (S677) Addition (1) (C77)
STREET ADDRESS	LARREA, 1 12220 S.V	V. 121ST AVE			2 NAME 3 STREET ADDRESS			S.
CITY-ST-ZIP	MIAMI FL				4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME		DOMINIQUE A	🗖 DELI	2	1 TITLE 2 NAME		🛄 Change	Addition O
STREET ADDRESS CITY-ST-ZIP	12220 121 MIAMI FL	IST AVE			3 STREET ADORESS 4 CITY - ST- ZIP			
TITLE	VTS		DELI		1 TITLE		Change	Addition
NAME STREET ADDRESS	LARREA, S	SONJA V. 121ST AVE			2 NAME 3. STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	12131 AVE			4 CITY-ST-ZIP			
TITLE			DELI		1 TITLE		Change	Addition
NAME STREET ADDRESS					2 NAME 3 STREET ADDRESS			
CITY-ST-ZIP					4 CITY-ST-ZIP			
TITLE			DELE		1 TITLE		🗋 Change	Addition
NAME STREET ADDRESS					2 NAME 3 STREET ADDRESS			
CITY-SI-ZIP	<u> </u>				4 CITY-ST-ZIP			
TITLE					1 10TLE		Change	Addition
NAME STREET ADDRESS					2 NAME <del>3 siree</del> t address			
CITY - ST-ZIP				6.	4 CITY-ST-ZIP			
certify that oath; that I appears in	the information am an officer of Block 12 or Blo		All the line is using the second seco	ALC BLOCK FOLL	it is the and accur	for the exemption stated in Section 119.0 rate and that my signature shall have the s his report as required by Chapter 607, Fic	same legal effect as if rida Statutes; and tha	made under t my name
SIGNAT	UHE:	IGNATURE AND TYPED OF	PRINTED NAME OF SIGNIN	OFFICER OR DIR	ECTOR	04/00/96.J	D.5-598-5 Deyline Phone #	1000