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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

OCCUMENT # SR1300

SIGNATURE: EDVALO FUENTE S
SIGNATURE AND TYPED OR PRINTED NAME OF

(4)

incipa! Place	of Business	Mailing Address							
2949 COCONUT AVE COCONUT GROVE. FL MIAMI FL 33133 2949 COCONUT AVE COCONUT GROVE. FL MIAMI FL 33133									
		minimi 1 C 90190				3. Date incorporated or Qualified 09/19/1991	3a. Date	of Last F 5/01/1	,
Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number NOT APPLICABLE		ļ	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							Not Applicable 5 Additional
		27				5. Certificate of Status Desired			Required
City & State)	City & State				Election Campaign Financing Trust Fund Contribution			0 May Be
Zip	Country	Zip	Cou	untry		This corporation has liability for			199.032
	25	29	30			Florida Statutes	No.		700.002,
	9. Name and Address of Curre	ent Registered Agent		81 Na		10. Name and Address of New F	Registered A	gent	
EI IENTI	ES, EDUARDO								
2949 C	OCONUT AVE		82		eet Addre	ss (P.O. Box Number is Not Acceptat	ole)		
	IUT GROVE			83					
MIAMI I	FL 33133			B4 Cit	,			85 Z	p Code
	- Ab	0 1007 1500 5: 11 0:				tion submits this statement for the pu	<u>FL</u>		•
tamiliar wit SNATURE _	h, and accept the obligations of, Sec Signature, typed or printed name of registered ager	ction 607.0505, Florida Statut	tes.			of directors. I hereby accept the app	Orthon as i	egistore(agont. Fam
			(NOTE: Registered	d Agent signa	ure required s	when reinstalingi	DATE		
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