

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 # **S84648** (2)

1. Corporation Name

**MASTER PIECE INTERNATIONAL INC**



Principal Place of Business

**10231 SW 7 TERRACE  
MIAMI FL 33174**

Mailing Address

**10231 SW 7 TERRACE  
MIAMI FL 33174**

3. Date Incorporated or Qualified  
**09/30/1991**

3a. Date of Last Report  
**04/10/1995**

2. Principal Place of Business

2a. Mailing Address

**21 6522 West Flagler st**

**26 6522 West Flagler st**

4. FEI Number  
**65-0273292**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 MIAMI FLORIDA**

**28 MIAMI FLORIDA**

Zip  
**24 33144**

Country  
**25 DADE**

Zip  
**29 33144**

Country  
**30 DADE.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INCLAN, VICENTE T  
10231 SW 7 TERR.  
MIAMI FL 33174**

81 Name  
**INCLAN VICENTE T.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6522 West Flagler st.**

83

84 City **MIAMI** FL 85 Zip Code  
**33144**

11. Pursuant to the provisions of Sections 607.0502 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

*Vicente T. Inclan*  
Signature, typed or printed name of registered agent and title if applicable

**Vicente T. INCLAN President**

**1-17-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **INCLAN, VICENTE T**  
STREET ADDRESS **10231 SW 7TH TERR.**  
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
1.2 NAME **VICENTE INCLAN T.**  
1.3 STREET ADDRESS **6522 West Flagler st.**  
1.4 CITY-STATE-ZIP **MIAMI FLORIDA 33144**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 if changed or on an attachment with an address.

SIGNATURE:

*Vicente T. Inclan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Vicente T. INCLAN.**

**1-17-96 (305) 264-2453**

DATE

Daytime Phone #

CR2E034 (12/95)