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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

V08060 **DOCUMENT #**

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C & N BONDED FACILITY CORP.					
Inncipat Place of Business	Mailing Address		I SERII BIIGII ODIDI IBRID OGISE DIVII	801 818 818 3187 818 818 	I BIBIA 1886
PO BOX 52-2458	PO BOX 52-2458				
MIAMI FL 33152	MIAMI FL 33152				
			 Date Incorporated or Qualified 01/21/1992 	3a. Date of Last Repo 05/01/1995	ort
	A. Malling Address		4. FEI Number		olied For
, Principal Place of Business	2a. Mailing Address		65-0307311		Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
	27		6. Election Campaign Financing	\$5.00	
City & State	City & State		Trust Fund Contribution	Added to	•
7g Country	Zip	Country	8. This corporation has liability for	intangible tax under s 19	9.032,
25	29	30	Florida Statutes Yes 10. Name and Address of New I	Registered Agent	
9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New I	Inflictoring Whatit	
MOAL OADLOO M		1	iress (P.O. Box Number is Not Accepta	Ne\	
VIDAL, CARLOS M. 9025 SW 16 ST		82 Street Add	Iress (F.O. DOX NUMBER 15 NOT Accepte		
9025 SW 16 51 MIAMI FL 33165		83			
		84 City		FL 85 Zip C	Code
			ard of directors. I hereby accept the app	oointment as registered at	3 - ·· · -
or registered agent, or both, in the State of Flo familiar with, and accept the obligations of, Sociotical IEEE	original Such change was authorized statutes.		red wher revistaling)	DATE	
or registered agent, or both, in the state of Flo familiar with, and accept the obligations of, Sci SIGNATURE Symbol by the product name of registered agents.	inction 607.0505, Florida Statutes.	IE: Registered Agent's sgnature return 13.		DATE FICERS AND DIRECTORS	3 IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(315) 599-0788 Degine Phone #