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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(7)

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Principal Place	of Business	Mailing Address			e raare assum tente tanat mist matt famt didte fillet atutt anut Midte fillet		
11425 SW 41 MIAMI FL 331		11425 SW 41 STREET MIAMI FL 33165-4608					
					3. Date Incorporated or Qualified 02/27/1992	3a. Date of Last Report 01/31/1995	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26		65-0316650 Not Applica			
Suite, Apt. #		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Ζιρ 24	Country 25	Zip	Country	•	8. This corporation has liability for i		
24	9. Name and Address of Curre	nt Registered Agent	30	* · · · ·	Florida Statutes Yes 10. Name and Address of New R		
		in riogistal co Agent	81	Name	TO. Marie and Address of New A	agistered Agent	
MAN7HC	R, ALFREDO						
	W 41 STREET		82	82 Street Address (P.O. Box Number is Not Acce		E;	
MIAMI FI			83				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 30 133						
			84	City		FL 85 Zip Code	
	Signature, typed or printed name of registered again		OTE Registered Ager	nt signative require		DATE:	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI		
T:TLE NAME	DP	☐ DELETE	1 1 THILE	ļ		Change Addition	
STREET ADDRESS	MANZUR, ALFREDO		12 NAME				
CITY-ST-ZIP	11425 SW 41 STREET MIAMI FL		13 STREET				
TITLE	DS	[7] DELETE	1.4 CiTY - S 2 1 TiTLE	11 · ZIP		Change Addition	
NAME	MANZUR, JORGE E.	<u></u> -	2.2 NAME			Onling(Autoton	
STREET ADDRESS	11425 SW 41 STREET		23 STREET	ADDRESS			
CITY - ST - ZIP	MIAMI FL		2.4 CHTY - S	1-20P			
TITLE	-	DELETE	3 1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS			33 STREET	F ACORESS			
CITY-ST-ZIP TITLE		DELETE	3.4 CITY - S	T-ZIP			
NAME		["] nerete	4 1 TITUF 4 2 NAME			Change Addition	
STREET ADDRESS			4.3 STREET	AUDDECC			
CITY-ST-ZIP			4.4 CITY - S				
TITLE		DELETE	5 1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET	ADDRESS			
CITY - ST - ZIP		777 - 777 - 777 - 777	5 4 CITY - S	T - ZIP			
TITLE		☐ DELETE	6 1 THEF			Change Addition	
NAME			6 2 NAME	1			
STREET ADDRESS			6 3 STREET	ADDRESS			
CITY-S1-ZIP	rootify that the information a souled	20.00	6 4 CITY - S	1 - ZIP			

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 logal 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 ftchagged, or on an attachment with an address.

PEOPLE PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

CR2E034 (12/95)