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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

V21626 DOCUMENT # Corporation Name

(9)

	AFRA.	INIA.
>- N	ЛГКА.	INU.

801	BRIC	KELL .	AVE
SUF	TE 14	01	
MIA	MI FL	33131	,

Principal Place of Business

Mailing Address

**801 BRICKELL AVE SUITE 1401** MIAMI FL 33131



3. Date Incorporated or Qualified 3a. Date of Last Report

2a. Mailing Address 2b. Mailing Address 2c. Mot Applicable 2c. Mot Applicable 2c. Mot Applicable 2c. Mailing Address 2c. Country 2c. Mailing Address 2c. Country 2c. Mailing Address 2c. Certificate of Status Desired 2c. Election Campaign Financing 2c. E						03/17/1992	0	4/17/1995
Suite Apt. #, etc  Suite Apt. #, etc  Suite Apt. #, etc  City & State  City & State  City & State  City & State  Country  Zip  Suite Apt. #, etc  Added to Fees  No  9. Name and Address of Current Registered Agent  VELEZ, ARNALDO  801 BRICKELL AVE  SUITE 1401  Not Applicable  Suite, Apt. #, etc  Suite of Status Desired  Regeried  Status Desired  S	<b>2</b> . F	Principal Place of Business	2a. Mailing Address	 		4. FEI Number		Applied For
State   City & State   City & State   Country   Zip   Country   Zip   Country   Zip   Storida Statutes   Yes   No   Name and Address of Current Registered Agent   Street Address (P.O. Box Number is Not Acceptable)	1		26			65-0319271		Not Applicable
City & State City & State 28  Zip Country Zip Country Zip Sign Registered Agent  VELEZ, ARNALDO 801 BRICKELL AVE SUITE 1401  City & State Country State	- 1	Suite Apt. #, etc				5. Certificate of Status Desired		, -
Country   Zip   Country   Zip   Country   S. This corporation has liability for intangible tax under s 199.032, Florida Statutes   Yes   No	1	Oity & State	• η ´	 		, -		
9. Name and Address of Current Registered Agent  81 Name  VELEZ, ARNALDO  82 Street Address (P.O. Box Number is Not Acceptable)  83 SUITE 1401	Z	`''	h ~ n	 intry		1 -		ax under s 199.032,
VELEZ, ARNALDO  801 BRICKELL AVE SUITE 1401  82 Street Address (P.O. Box Number is Not Acceptable)  83		1-11	urrent Registered Agent			10. Name and Address of New R	egistered	Agent
801 BRICKELL AVE SUITE 1401				81	Name			
SUITE 1401 63				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
MIAMI FL 33131  84 City  FL 85 Zip Code		SUITE 1401		 83				
		MIAMI FL 33131		84	City		FL	85 Zip Code

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 .	Signature, typed or printed name of registerial agest and tile	infaçiplicable (NO	Th: Registered Agont signature required		DATE	
12.	OFFICERS AND DIR	ECTORS	13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTO	
TILE	P	DELETE	1 1 TOTLE		Change	Addition
NAME	MESTRE, FRANCISCO W		1.2 NAME			
STREET ASORESS	4960 SW 82 AVE		1.3 STREET ADDRESS			
CITY - ST- ZIP	MIAMI FL		1.4 C(TY - ST - Z(P			
107.4	ST	☐ DELETE	2 1 THE		Change	☐ Addition
NAME	MESTRE, AMERICA		22 NAME			
STREET ADDRESS	4960 SW 82 AVE		23 STREET ADDRESS			
C-TY - \$1-7#	MIAMI FL		2.4 City - ST - ZiP			
TILF		DELETE	3 1 TITLE		Change	☐ Addition
NAMi			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
City-SE 20:			3 4 CITY - ST - ZIP			
THIF		☐ DELFTE	4 1 TITLE		☐ Change	☐ Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
C(1Y+S1-2)P			4.4 CITY - ST- ZIP			
1:11E		DELETE	5 1 TITLE		☐ Change	■ Addition
NAME			5 2 NAME			
STELL LACORESS			5 3 STREET ADDRESS			
CHY-ST-ZIF			5 4 CITY-ST-ZIP			
TIFLE	1	☐ DELETE	6 1 TITLE		☐ Change	☐ Addition
NAM:			6 2 NAME			
STREST ADDRESS			6.3 STREET ADDRESS			
City St ZiP			6 4 CITY - ST - 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 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 certify that them 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 13 if changed, or on an attachment with an address.

SIGNATURE:

FRANCISCO W MESTRE

CR2E034 (12/95)