

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **V49530** (1)
 1. Corporation Name
FAST HOME RECOVERY, INC.



Principal Place of Business Mailing Address
7811 SW 24TH ST. SUITE 136B MIAMI FL 33155 US

3. Date Incorporated or Qualified **07/09/1992** 3a. Date of Last Report **06/22/1995**
 4. FEI Number **58-2002716** 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

2. Principal Place of Business 2a. Mailing Address
 21 **SAME** 26 **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
RUIZ, JUSTO J
7811 S.W. 24TH STREET
SUITE 136-B
MIAMI FL 33155

10. Name and Address of New Registered Agent
 81 Name **SAME * JUSTO J. RUIZ**
 82 Street Address (P.O. Box Number is Not Acceptable) **7811 SW 24ST**
 83 **S-136B**
 84 City **MIAMI FL** 85 Zip Code **33155**

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 _____ (NOTE: Foreign/Out of State Agent signature requires a Notary Public) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, MAURO	
STREET ADDRESS	7811 S.W. 24TH STREET, SUITE 136-B	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE CESPEDES, KARLA	
STREET ADDRESS	7125 LAGO DR. EAST	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALFREDO RUIZ	
1.3 STREET ADDRESS	7811 S.W. 24ST S-136B	
1.4 CITY - ST - ZIP	MIAMI - FL 33155	
2.1 TITLE	SECRETARY / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KARLA DE CESPEDES	
2.3 STREET ADDRESS	7811 SW 24ST S-136B	
2.4 CITY - ST - ZIP	MIAMI - FL 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Justo J. Ruiz* **JUSTO J. RUIZ / V.P.** 6/6/96 305 265-8616

CR2E034 (3/96)