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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

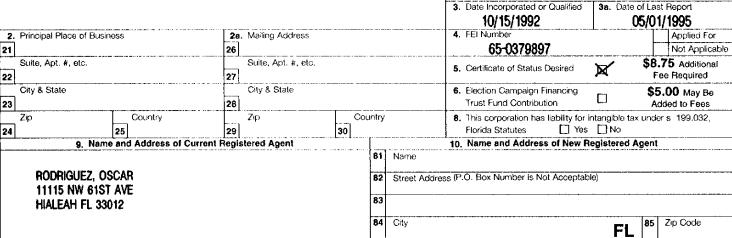
DIVISION OF CORPORATIONS

DOCUMENT #	V72915	(-
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(4)

Principal Place of Business 11115 NW 61ST AVE HIALEAH FL 33012 Mailing Address

11115 NW 61ST AVE HIALEAH FL 33012



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 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 registered agent and trial if application (NOTe: Registered Agent signature required when reinstating):  DATE  DATE							
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	DELETE	1. 1 TeTLE	· Change	Addition		
NAME	RODRIGUEZ, OSCAR		1.2 NAME				
STREET ADDRESS	11115 NW 61ST AVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		1.4 CITY+ST+ZIP				
TITLE	DVS	☐ DELETE	2 1 TITLE	Changi	Addition		
NAME	RODRIGUEZ, JANET		22 NAME				
STREET ADDRESS	11115 NW 61ST AVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		24 CITY-ST-ZIP				
TITLE		□ DELETE	3. 1 TITLE	Chang	Addition		
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 City - St - ZIP				
TITLE		DELETE	4. 1 TITLE	☐ Chang	Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CiTY - \$1 - ZiP				
TITLE		DELETE	5 1 TITLE	☐ Chang	e 🗌 Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			54 CITY - ST - ZIP				
TITLE		DELETE	6. 1 TITLE	☐ Chang	e 🔲 Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY - \$1 - 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 13 if changed, or on an attachment with an address.

SIGNATURE:

MALLES ON PRINTED NAME OF SIGNING OFFICES OR DIRECTOR

124/96 825-855,

CR2E034 (12/95)