## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCL	<b>JME</b>	NT	# '	294	1

(6)

$\Gamma I L E D$
Apr 15 1997 8:00am
Secretary of State

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		Mailing Address 1350 SW 122 AVENUE SUITE 405 MIAMI FL 33184-2865 US		3. Date Incorporated or Qualific 06/21/1965		d Last R	
· ·	lace of Business	2a. Mailing Address		4. FEI Number 59-1114269		<del>                                     </del>	plied For
Suite, Arit	#. etc	Suite, Apt. #, etc.			s		t Applicable Additional
2		27		5. Certificate of Status Desired	<b>_</b>	Fee Re	
City & Stat	to	City & State		6. Election Campaign Financing		\$5.00	
7.6	Country	710	Country	Trust Fund Contribution		Added t	
Zip	Country	Zip <b>29</b>	30	This corporation has liability     Florida Statutes	for intangible tax  Yes N		199.032,
	9. Name and Address of Current		130	10. Name and Address of New			
BRI	ea, Leandro		81 Name				· · · · · · · · · · · · · · · · · · ·
	15 BIRD ROAD		82 Street	Address (P.O. Box Number is Not Accep	ptable)	<del></del>	
CO	RAL GABLES FL 33146					<del></del>	
			83				
			84 City		<b></b> 8	5 Zip (	Code
4 Durana	to the every sines of English 607.050	2 and EO7 1509 Florida Ctat.	ttoe the above period		FL °	anging it	e registered
office or	registered agent, or both, in the State	of Florida Such change was	authorized by the corp	corporation submits this statement for the poration's board of directors. I hereby ac	ne purpose or cha ecept the appoint	ment as	registered
BIGNATURE	Signature, typed or printed name of registared ager	rt and title if applicable. (NC	OTE: Registered Agent signature		DATE		
SIGNATURE 2.	Segmanice, typed or printed name of registriced ager OFFICERS AND	rt and title if applicable. (NC D DIRECTORS	DTE: Registered Agent signature		DATE FFICERS AND DIF	RECTOR	
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4. To hereby certify that the information supplied with his filling does not quality for the exemption stated in Section 119.07(3)(4), 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 eath; that I am an officer or director of the corporation or the receiver survivitee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or off an attachment with an address.

SIGNATURE:

GAMON VENUS WILL BENEFIT OF BIRDING PREUER OF DIRECTOR

4/10/9>

Dayt-me Phone #

0249400