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

DOCUMENT # 381161

(9)

Principal Place of Business Mailing Address 1500 N.W. 36TH STREET 1500 N.W. 36TH STREET										
MIAMI FL 33142 MIAMI FL 3314										
						Date Incorporated or Qualified 04/26/1971	3a. Dai	te of Last R 3/1996	eport	
2. Principal f	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied Fo			plied For	
21		26	 			59-1348205 Not Applicat				
Suite, Apt 22	. #, elc.	Suite, Apt. #, etc				5. Certificate of Status Desired		\$8.75 Fee Re		
City & Sta	te	City & State	~~···· ₁			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Ζιρ 29	Сои 30	ntry		8. This corporation has liability for Florida Statutes				
	g. Name and Address of Cu	irrent Registered Agent		81		10. Name and Address of New Re	gistered A	gent		
11. Pursuant	IMI FL 33135 I to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the c	State of Florida. Such change wa	is authorized	d by	the corpora	poration submits this statement for the pation's board of directors. I hereby acce	FL ourpose of pt the appo	changing if	Code s registered registered	
SIGNATURE.	Signature, typical or printed harble of register	ed agent and the if applicable (N	OTE Registered	d Ager	nt signature requi	ired when reinstating)	DATE			
12.	OFFICERS AND DIRECTORS		13,	13.		ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	PD HISTORIC	☐ DELETE	1.1 TOTA		[····		Change	Addition	
NAME	CELORIO, JUSTINO		1,2 NAN							
STHEET ADD46SS	2746 S.W. 11TH ST.				ADDRESS					
CITY - ST - ZIP	MIAMI FL ST	T DELETE	1.4 CIT		r-zip			Change	Addition	
TITLE	CELORIO, JUSTINO	L_ DELETE	2.1 Til		{			LI Unange	L_f Addition	
NAME CARLES ADDRESSE	2746 S.W. 11TH ST.		2 2 NA		4DDDCCC					
STHEET ADDRESS	MAIMAI FL				ADDRESS T-ZIP					
CITY - ST - ZIP TITLE	***************************************	DELETE	31 TI		n-zir			Change	Addition	
NAME		hand State of	3 2 NA		1					
STREET ADDRESS					ADDRESS					
City-St-7iP					T-ZIP					
TITLE		DELETE	4170		·			Change	Addition	

DITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrival 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 true 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

4, 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

DELETE

DELETE

JUSTINO CELORIO 1/6/97

Change

☐ Change

Addition

Addition

FILED

Jan 09 1997 8:00am

Secretary of State