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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: ...



FLORIDA DEPARTMENT OF STATE

FILED

Apr 09 1997 8:00am

Sandra B. Mortham

	JAL REPORT	Secretary of DIVISION OF CO		Secreta	ry of State
DOCUN	MENT # F17! Name RO COMPANY INTER				_
INC 90	IIO OOM AN MILLI	NATIONAL INO.			
Principal Place of Business Mailing Address 875 ARTHUR GODFREY ROAD 975 ARTHUR GODFR SUITE 214 SUITE 214) 1051105 1101 (181) 10521 E121 E121 E121	
MIAMI BEACH I	FL 33140	MIAMI BEACH FL 33140-3328		3. Date Incorporated or Qualified 01/29/1981	3a. Date of Last Report 05/01/1996
├ ─	lace of Business	2a. Mailing Address 26	· · · · · · · · · · · · · · · · · · ·	4. FEI Number 59-2152992	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country		Country	Trust Fund Contribution 8. This corporation has liability for	
24	25 9 Name and Address of	29 3 Current Registered Agent	0[Florida Statutes 10. Name and Address of New Re	Yes No
	O, LUIS A		81 Name		<u> </u>
	2 ALTON ROAD MI BEACH FL 33140		82 Street Ad	ddress (P.O. Box Number is Not Acceptat	ole)
Part A	AL DESCRIPTION		83		
			84 City		FL 85 Zip Code
11, Pursuant office or reagent. La	to the provisions of Sections egistered agent, or both, in the m familiar with, and accept the manufacture.	607.0502 and 607.1508, Florida Statutes he State of Florida. Such change was au he obligations of, Section 607.0505, Flori	, the above-named c thorized by the corpo da Statutes.	orporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing its registered pt the appointment as registered
SIGNATURE	Sligi ature, typiid or printed name of reg		Registered Agent signature re		DATE
12.	OFFIC	ERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	PD Soro, Luis A	∐ DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	2402 ALTON ROAD		1.3 STREET ADDRESS		
C11Y - \$1 - 2(P	MIAMI BEACH FL 33141 STD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
TITLE NAME	SORO, MARIA D	T) pereie	2.1 ITILE 2.2 NAME		C Grange C Abdition
STREET ADDRESS	2402 ALTON ROAD		2 3 STREET ADDRESS		
C(TY - \$1 - 7(P	MIAMI BEACH FL 3314	O DELETE	2 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE NAME		ניין טנונונ	3 1 TITLE 32 NAME	•	— Divinge — Notition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		T DOLLTE	3.4. CITY-ST-ZIP	· .	Change Addition
THLE NAME		DELETE	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
City+St-ZiP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME 7		
STREET ADDRESS			6.3 STREET ADDRESS		
14. I do herel	by certify that the information	supplied with this filing does not qualify	-6.4 CITY-ST-ZIP for the exemption sta	ated in Section 119.07(3)(i), Florida Statute	es. I further certify that the
informatio Farn an o appears i	on indicated on this annual re ifficer or director of the corpo in Block 12 or Block 13 if cha	eport or supplemental annual coort is tru tration or the receiver or trustee empower project, or on an attachment with an address	e and accurate and t red to execute this re ess	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same leg eport as required by Chapter 607, Florida	al effect as if made under oath; that Statutes; and that my name

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNATURE AND TYPED OR TYPE