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

CITY-ST-ZIP

t am an officer or director of the corpo appears in Block 12 or Block 13 if c

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** FILED Secretary of State DIVISION OF CORPORATIONS 1997 97 HAY -2 AM 8: 57 DOCUMENT # F79703 SECRETARY OF STATE MOURIZ, SALAZAR & ASSOCIATES, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7855 SW 104 ST. 7855 SW 104 ST. BUITE 230 MIAMI FL 33156 SUITE 230 MIAMI FL 33156-2642 3a. Date of Last Report 3. Date Incorporated or Qualified 05/06/1982 05/01/1996 2. Principal Place of Business 4. FEI Number 2a, Mailing Address Applied For 59-2203628 26 Not Applicable Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution  $\Box$ Added to Fees Zip Country Country Zio 8. This corporation has hability for intangible tax under s. 199 032, 24 25 29 Florida Statutes Yes Пло 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 SALAZAR, GABRIEL 7855 SW 104 ST 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 230 MIAMI FL 33156 83 84 Zip Code 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 Registered Agent's greature required when reinstating) Signature, typed or printed hame of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 THE SALAZAR, GABRIEL NAME 1.2 NAME 6200 SW 114 ST. STREET ADDRESS 1.3 STREET ADDRESS \*\*\*\*\*\*165。[00 MIAMI, FL 00000 CITY-ST-ZIP 1.4 CHY-S1 ZIF DELETE TITLE 2.1 TITLE Change Addition MOURIZ, GEORGE NAME 6190 MOSS RANCH RD. STREET ADDRESS 2.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-7IP DELFTE Change Addition 3.1 TillE TITLE NAME 3.2 NAME STREET ADDRESS 3.8 STREET ADDRESS CIT'S ST-ZIP 3.4. CITY - \$1 - ZIF DELFTE 4.1 THLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY-S1-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-S1-ZIP 🔲 DELETË Change Addition TITLE 61 HHF NAME 6.2 NAME STREET ADDRESS 6.3 STREET AUDRESS

6.4 CHY-S1-7IP 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 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 fusited empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if Exempton or with an address.

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