

**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 # H03712**

*W97-26701*

**REINSTATEMENT FILED**

**97 DEC 10 AM 8:06**

**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**REINSTATEMENT 95-97**

**21 569 West 17th Street**

**26 P.O. Box 650861**

**3. Date Incorporated or Qualified 05/10/1984**

**3a. Date of Last Report 02/18/94**

**4. FFI Number 59-2645510**

Applied For Not Applicable

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Election Campaign Financing**

**\$5.00 Max**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**10. Name and Address of New Registered Agent**

**22 City & State Hialeah, Florida**

**27 City & State Miami, Florida**

**23 Zip 33010**

**25 Dade**

**28 33165**

**30 Dade**

**9. Name and Address of Current Registered Agent**

**GUILLERMINA GARCIA  
 11501 S.W. 34 Lane  
 Miami, Florida 33166**

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 City**

**FL**

**85 Zip Code**

**11. Pursuant to the provisions of Sections 607.0508 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**

*Isabelle Moraitis*

**S. TRUS.**

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

Change  Addition

**12. OFFICERS AND DIRECTORS**

**TITLE**

**P/D CORNELIO GARCIA**

DELETE

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**V/D GUILLERMINA GARCIA**

DELETE

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**S/T/D ISABELLE MORAITIS**

DELETE

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**13.**

**1. TITLE**

**2. NAME**

**3. STREET ADDRESS**

**4. CITY - ST - ZIP**

**21. TITLE**

**22. NAME**

**23. STREET ADDRESS**

**24. CITY - ST - ZIP**

**31. TITLE**

**32. NAME**

**33. STREET ADDRESS**

**34. CITY - ST - ZIP**

**41. TITLE**

**42. NAME**

**43. STREET ADDRESS**

**44. CITY - ST - ZIP**

**51. TITLE**

**52. NAME**

**53. STREET ADDRESS**

**54. CITY - ST - ZIP**

**61. TITLE**

**62. NAME**

**63. STREET ADDRESS**

**64. CITY - ST - ZIP**

**569 West 17th Street  
 Hialeah, Florida 33010**

Change  Addition

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 Hialeah, Florida 33010**

Change  Addition

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 Hialeah, Florida 33010**

Change  Addition

**880882371935-008  
 12/12/97-0119-008  
 \*\*\*1080.00 \*\*\*1080.00**

Change  Addition

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 12 or Block 13 if changed, or in an attachment with an address.**

**SIGNATURE:**

*Isabelle Moraitis*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Isabelle Moraitis**

**11/21/97**

**Date**

**Daytime Phone #**

**888-8849**

CR2E034 (9/96)