## 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

DOCUI 1. Corporation	MENT # <b>J63637</b>	(9)			
Principal Place	I STREET	Mailing Address 8250 S.W. 30TH STREET			
MIAMI FL 3315	•	MIAMI FL 33155-2429		0.5	
				<ol> <li>Date Incorporated or Qualified 03/20/1987</li> </ol>	3a. Date of Last Report 04/29/1996
<u> </u>	ace of Business	2a. Mailing Address		4. FEI Number 59-2779242	Applied For
Suite Apt.	# etc.	Suite, Apt #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	}	City & State	·	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	9. Name and Address of Current		30	Florida Statutes  10. Name and Address of New Reg	Yes No
CADCIA NANCY 811 Name					
8250 S.W. 30TH STREET				ress (P.O. Box Number is Not Acceptable	HORTON
MIAMI FL 33155 8250 SW 30					ST
			#		(-( - 0 )
			84 CM	W)	FL 33155
<b>11.</b> Parsuant I office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State	and 607 1508, Florida Statutes of Florida. Such change was au	s, the ∉bove-named corp thoriz⊯d by the corpora	poration submits this statement for the pution's board of directors. I hereby acception's	rpose of changing its registered the appointment as registered
1	m familiar with, and accept the obliga	lions of, Section 607.0505, Flor	ida Statutes.	4	110/97
SIGNATURE	Stgrathure: typed or printed it ime di regis ernit ager	t and tifle if applicable (NOTE:	Registered Agent signature requ	ired when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
THE NAME	GARCIA, NANCY	-L3 beliefe	1.2 NAME	RESIDENT	
STREET ADDRESS	8250 S.W. 30TH STREET		1.3 STREET ADDRESS	JANCY GARCIA HO	INCION
CHY+S1+74P	MIAMI FL	- Costers	1.4 CITY-ST-ZIP	MIAMIFL 3319	<b>55</b>
NAME		L_) DELETE	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 FITLE		☐ Change ☐ Addition
NAME STREET ADORESS			3.2 NAME 3.3 STREET ADDRESS		
City - 51 - 2if			3.4. CITY+ST-ZIP		
THE		DELETE	4.1 TITLE		Change Addition
NAME			4, & NAME		
STREET ADDRESS			4.9 STREET ADDRESS		
CITY-ST-ZIP THLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAM:			5.2 NAME		· • —
STREET ACIDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T pourte	5.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Dhar 114200
TITLE NAME		DELETE	6.1 TITLE 6.2 NAME	4	Change Addition
NAME STHEFT ADDRESS (			6 8 STREET ADDRESS		
City-St-ZiP			6 4 CITY-ST-ZIP		•
14. I do heret	by certify that the information supplied	with this filing does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statutes	i. I further certify that the
[ Lamianio	flicer or director of the corporation or Block 12 or Block 13 if changed, or	the receiver or trustee empowe	red to execute this repo	rt ny signature shall have the same lega of as required by Chapter 607, Florida S	atutes; and that my name

SIGNATURE:

**FILED** 

May 05 1997 8:00am

Secretary of State