FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1 12657

11 Corporation	UMENT # L1269 OND DIMENSION PHOTO L	` '			1 18 8 10 11 11 11 11 11 11 11 11 11 11 11 11	HARA AHAN AHAN BIRN BIRN B)
Principal Place of Business Mailing Address							
15317 S DIXIE HWY 15317 S DIXIE HW MIAMI FL 33157-1831 MIAMI FL 33157-18 US US							
		00			3. Date Incorporated or Qualified	3a. Date of Last	
2. Principal P	Place of Business	2a. Mailing Address			08/29/1989 4. FEI Number	04/28/19	
		26	26		Applied F		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	ertificate of Status Desired \$8.75 Additional	
City & Stat	te	City & State				Fee	Required
23		28			6. Election Campaign Financing Trust Fund Contribution	□ \$5.0	00 May Be ed to Fees
Zip 24	Country	Zip	Country		8. This corporation has liability for in	ntangible tax under	199.032,
	9. Name and Address of Curre	29 29 Anent	30		Florida Statutes	∑ No	
		Togictored Agent	81	Name	10. Name and Address of New Ro	gistered Agent	
MARTIN	NEZ, JORGE B.		90	•			
15317 S DIXIE HWY MIAMI FL 33157ー1を3			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
			83				
			84	City		les 7	ip Code
11. Pursuant t	to the provisions of Sections 607 050	2 and 607 1509. Florida Statu	too the share			_ FL	
or register familiar wit	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	ida. Such change was authori	tes, the above-n zed by the corpo	amed corpo ration's boa	ration submits this statement for the purp rd of directors. I hereby accept the appoi	ose of changing its	registered office
SIGNATURE	in, and accept the obligations of, Sec	aion 607.0505, Florida Statute	S.		,	ac registores	o agont. I am
	Signature typed or printed name of registered age	it and title if applicable. (N	OTE: Registered Agent	signature require	d when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		DRS IN 12
NAME	PD Martinez, Jorge B.	☐ DELETE	1. 1 TITLE			Change	☐ Addition
STREET ADDRESS	15317 S DIXIE HWY		1.2 NAME				
City-St-Zip	MIAMI FL 33127-183	.1	1.3 STREET A				
TITLE	STD J DELETE		1.4 CITY - ST 2. 1 TITLE	- ZIP		Change	- Addition
NAME	MARTINEZ, LINDA L.		2.2 NAME			□ Change	Addition
STREFT ADDRESS	15317 S DIXIE HWY		23 STREET A	DDRESS			
017 Y - \$1 - ZIP	MIAMI FL 33167-182		2.4 CITY - ST	ZiP			
RITLE VAME		☐ DELETE	3. 1 TITLE	ŀ		☐ Change	☐ Addition
STREET ADDRESS			3.2 NAME				
CHTY-ST-ZIP			3.3. STREET A	1			
TITLE		☐ DELETE	3.4 CITY-ST- 4. 1 TITLE	ZIF		☐ Change	Fin Addition
IAMÉ			4.2 NAME			LI change	Addition
STREET ADDRESS			4.3 STREET A	DDRESS			
CITY-ST-ZIP			4.4 CITY-ST-	ZIP			
ITLE JAME		DELETE	5. 1 TITLE		-	Change	Addition
TREET ADDRESS			5.2 NAME				
CITY-ST-ZIP			5.3 STREET AL				
ITLE		☐ DELETE	5.4 CITY-ST- 6 1 TITLE	£ IF		☐ Change	C) Addition
IAME			6.2 NAME				Addition
TREET ADDRESS			6.3 STREET AL	DORESS			
ITY-ST-ZIP	cortify that the info	24 4 2 22	6.4 CITY-ST-	ZIP			
oath: that I	recruity that the information supplied to the information indicated on this annu- am an officer or director of the corpo Block 12 or Block 13 if changed, or c	ration or the receiver or trustee	omport is true	not qualify fo and accurat execute this	r the exemption stated in Section 119.07 e and that my signature shall have the sa report as required by Chapter 607, Floric	(3)(k), Florida Statute me legal effect as if la Statutes; and tha	es. I further made under t my name

SIGNATURE / JONE B. MAD WEZ: NEWS