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Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L22849 (8)

1. Corporation Name
291 CORPORATION

Principal Place of Business
% JUAN J. CHIRINO
867 WEST 28TH STREET
HIALEAH FL 33010

Mailing Address
% JUAN J. CHIRINO
267 WEST 28TH STREET
HIALEAH FL 33010-1513



2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

29

3. Date Incorporated or Qualified
10/16/1989

3a. Date of Last Report
01/25/1996

4. FEI Number
65-0152502

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

CHIRINO, JUAN J.
267 WEST 28TH STREET
HIALEAH FL 33010

10. Name and Address of New Registered Agent

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 607.0502 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME P
CHIRINO, JUAN J.
STREET ADDRESS 4197 WEST 10TH AVE
CITY- ST- ZIP HIALEAH FL

TITLE DELETE
NAME S
SILVA, ALBERTO
STREET ADDRESS 7227 SW 113TH CT
CITY- ST- ZIP MIAMI FL

TITLE DELETE
NAME T
HERNANDEZ, ANA
STREET ADDRESS 11234 SW 189 LN
CITY- ST- ZIP MIAMI FL

TITLE DELETE
NAME VP
LUIS F. CHIRINO
STREET ADDRESS 4197 WEST 10TH AVE.
CITY- ST- ZIP HIALEAH FL

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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 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 on an attachment with an address.

SIGNATURE:

Juan J. Chirino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01 20 97

305 884 8541
Daytime Phone

0115897

CR2E034 (9/96)