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

PROFIT CORPORATION **ANNUAL REPORT**

1997

STREET ADDRESS CITY-ST-ZIP



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. corporation 12425, I	MENT # M35530 NC.	(8)				
Principal Place of Business Mailing Address					! #10% 6 10% 0 10% #4 0 % 140	
OF MANUEL HUMBSUK 12425 BOUTH DIXIE HIGHWAY MIAMI FL 33156		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			3. Date Incorporated or Qualified 3a. Date of Last Report 07/22/1986 02/29/1996	
2. Principal Pi	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26			59-2694685	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required	
23	2	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	7 _{IP}	Country		8. This corporation has tiability for inlangib	· ·····
24	25	29	30	•		□ No
	9. Name and Address of Current	Registered Agent	8		10. Name and Address of New Registered	d Agent
Insua, manuel H. 12425 South Dixie Highway Miami FL 33156				3 1 4 City	Laura Insua ddress (P.O. Box Number is Noi Acceptable) 2425 South Dixie Highway Miami FI	
SIGNATURE	Laura	Luxu	CC.		corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered pointment as registered 4/11/97
12.	Signature. Speed or printed name of registers a agen OFFICERS AND		13.	gent signature r	equired when renotating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PD				P/S-T/D	X Change Addition
NAME	INSUA, MANUEL H.			E	Laura Insua	
STREET ADDRESS	12425 SO. DIXIE HWY.		13 5188	EL ADDRESS	12425 South Dixie Highway	
CITY-ST-ZIP			1.4 Orly	- S1 - ZIP	Miami, Florida 33156	
TITLE		[] DELFTE	2.1 TH LI			Change Addition
NAME .			2.2 NAM	Ĺ		
STREET ADDRESS			2.3 STRE	E1 ADDRESS		
CITY-ST-ZIP		District		'-\$1-ZIP		
TITLE		[_] DELFTE	3.1 1(1) (i		L Change L Addition
NAME OTOEST APPOSED			3.2 NAM			
STREET ADDRESS				11 ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CHY+ST+7PP 4.1 HILE			Change Addition
NAME		22 ******	4. 2 NAM			
STREET ADDRESS				EL AODRESS		
CITY-ST-ZIP			4.4 CHY			
TITLE		DELETE	<u>รากาก</u>			Change Addition
NAME			5.2 NAM	E		
STREET ADDRESS			5.3 S1R	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	- S1 - ZIF		
TITLE		DELETE	6.1 Trit			Change Addition
NAME			6.2 NAM	£		

14. Ido 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.

1/11/07

FILED

May 13 1997 8:00am

Secretary of State