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PROFIT CORPORATION ANNUAL REPORT

1997

City - St - ZiP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M41909

(6)

RODRIGUEZ, TRUEBA & CO., C.P.A., P.A.

FILED Mar 11 1997 8:00am Secretary of State

Principal Place of Business 1985 NW 88TH CT 101 MIAMI FL 33172		Mailing Address 1925 NW 86TH CT 101 MIAMI FL 33172-2634							
US		US				3. Date Incorporated or Qualified 11/19/1986		of Last R /1996	eport
	lace of Business	2a. Mailing Addr	ess			4. FEI Number 59-2738713		h	oplied For
Suite Apt.	#, etc	Suite, Apt. #.	etc.					- 1 - 14	ot Applicable Additional
22		27				5. Certificate of Status Desired	<u> </u>		equired
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution	П	\$5.00	
Ζ ιρ	Country	Zip	Co	untry	·-···	This corporation has liability for		Added to x under s	
24]	25	29	30			Florida Statutes	Yes 🔲	No	
	9. Name and Address of Curre	ent Registered Agent		041 11		10. Name and Address of New R	egistered Ag	eni	
	ORIGUEZ, MARIANO J.	_		81 Na	ne				
	0 N.W. 52 TERRACE, SUITE 301	7		82 Stre	et Addr	ess (P.O. Box Number is Not Accepta	ıble)		
MIA	MI FL 33166			83		MAIN AND AND AND AND AND AND AND AND AND AN			
								······y - · - · · · · · ·	
				84 City	,		FL	85 Zip i	Code
11. Pursuant office or r agent. La	m tamiliar with, and accept the oblig	02 and 607.1508, Floric e of Florida Such chan- gations of, Section 607.0	la Statutes, the a ge was authorize 0505, Florida Sta	above-named by the distutes.	ed corp corporati	oration submits this statement for the on's board of directors. I hereby acce	purpose of chapt the appoin	ranging it itment as	s registered registered
	Similar to tarked by the fact of any of considered as	and and tills diagonicable	ANOTE: Desiglare	nd Anant elem	dana manin	of ut no reiontation	CATE		
12.	Signature, typed or per but name of registered as OFFICERS AN			ngla tregA be	llure require	ed when reinstating) ADDITIONS/CHANGES TO OFFE	DATE CERS AND D	IBECTOR	8S IN 12
12. 11LF		pent and title if as pilicable ND DIRECTORS DE	13.		alure require	ed when reinstating) ADDITIONS/CHANGES TO OFF	CERS AND D	IRECTOR	S IN 12
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6.4 CITY - ST - ZIP 14. Loo 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 constraint of 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

CARLOS M. TRUEDA