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

**PROFIT CORPORATION** ANNUAL REPORT

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M62952

(0)

## **FILED** Jan 14 1997 8:00am Secretary of State

Principal Place 2250 SW 3RD 3RD FLOOR MIAMI FL 3312		Mailing Addr 2250 SW 3RD 3RD FLOOR MIAMI FL 3312	AVE								
							Date Incorporate 11/24/1987	ed or Qualified		ate of Last F 12/1996	Report
	lace of Busness	2a. Mailing A	ddress				FEI Number		1 001	A	pplied For
21 Suite, Apt	# 1017	26 Suite, Apt	t # etc				65-0041767				ot Applicable Additional
22	n, c.to.	27	n, 000			5.	Certificate of Sta	itus Desired			equired
City & Stat	to	City & Sta	1.C			6.	Election Campai	gn Financing		\$5.00	May Be
710	Country	28		Country			Trust Fund Cont				to Fees
Zip <b>!4</b> ]	25	Ζφ <b>29</b> ]		30	,	8.	This corporation Florida Statutes		intangible Yes		s. 199.032,
<u> </u>	g. Name and Address of Cu		nt	100	·· · · · · · · · · · · · · · · · · · ·	10.	Name and Add				
OLN	/a, ruben esq.			81	Name						
2250 SW 3RD AVE 3RD FLOOR					Street A	Address (P	ess (P.O. Box Number is Not Acceptable)				
	MI FL 33129			83							
				84	City				·-···	<b>85</b> Zip	Code
					<b>'</b>				<u>_FL</u>	. 1551 - 1	
	on familiar with, and accept the r		nange was	adiliotised b	y the corp	INI SUMIN 2 L	board or directors	11101000 0000			
SIGNATURE	Signation type diorpartical riese of require-	erlajanita idd i erlapylicats.		€ Registered Ag		required when			DATE		
SIGNATURE	Signature Toped or perheat wherefire per-	et apot a ut tile it applicats. S AND DIRECTORS	(NOI)	t. Registered Ag		required when			DATE	DIRECTO	RS IN 12
SIGNATURE  12. THE	Signation type diorpartical riese of require-	et apot a ut tile it applicats. S AND DIRECTORS		€ Registered Ag		required when	reinstanng)		DATE		RS IN 12
SIGNATURE  12. THE  NAME	OFFICERS  D OLIVA, RUBEN 2250 SW 3RD AVE	et apot a ut tile it applicats. S AND DIRECTORS	(NOI)	E Registered Ag  13.  11 Title  12 NAME		required when	reinstanng)		DATE	DIRECTO	RS IN 12
SIGNATURE  12. THE NAME STREEL ADDRESS CITY SE 2/F	Signature Top of our perfect cases of registery OFFICERS D OLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL	atlaged auft - dagisess. S AND DIRECTORS	esot	13. 11 THLE 12 NAME 1.3 STREE	ent signature	required when	reinstanng)		DATE	DIRECTO Change	RS IN 12
SIGNATURE  12. THE NAME STREET ADDRESS CITY ST 20F TITLE	OFFICERS  D OLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL	atlaged auft - dagisess. S AND DIRECTORS	(NOI)	13. 11 TILE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TILE	ent signature	required when	reinstanng)		DATE	DIRECTO	RS IN 12
SIGNATURE  12. THE NAME STREEL ADDRESS CITY ST AF THE NAME	OFFICERS  D OLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL D ROJAS, ROBERTO	atlaged auft - dagisess. S AND DIRECTORS	esot	13. 11 TILE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TILE 22 NAME	ent signa ure  I ADDRESS    S1 - ZIP	required when	reinstanng)		DATE	DIRECTO Change	RS IN 12
SIGNATURE  12. THE NAME STREEL ADDRESS CITY ST 26 THE NAME STREET ADDRESS	OFFICERS  D OLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL	atlaged auft - dagisess. S AND DIRECTORS	esot	1 Hegistated Ag  13. 11 TITLE 12 NAME 13 STREE 1.4 CITY- 2.1 TITLE 22 NAME 2.3 STREE	ent signature  I ADDRESS   S1-ZIP	required when	reinstanng)		DATE	DIRECTO Change	RS IN 12
SIGNATURE  12. THE NAME STREEL ADDRESS CITY SE ZE THEE NAME STREET ADDRESS CITY ST ZE CITY ST ZE	DOLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL D ROJAS, ROBERTO 2250 SW 3RD AVE	eda, esta ett e dapiteas. S AND DIRECTORS	esot	13. 11 TILE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TILE 22 NAME	ent signature  I ADDRESS   S1-ZIP	required when	reinstanng)		DATE	DIRECTO Change	RS IN 12 Addition
SIGNATURE  12. THE NAME STREEL ADDRESS CITY SE ZIP THEE NAME STREET ADDRESS CITY ST ZIP THEE	DOLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL D ROJAS, ROBERTO 2250 SW 3RD AVE	eda, esta ett e dapiteas. S AND DIRECTORS	(NOT	1 Hegistared Ag  13. 11 TITLE 12 NAME 13 STREE 1.4 CITY- 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY-	ent signature  I ADDRESS   S1-ZIP	required when	reinstanng)		DATE	O DIRECTO Change Change	RS IN 12 Addition
SIGNATURE  12. THE NAME STREEL ADDRESS CITY SILZE THEE NAME STREET ADDRESS LITY SILZE THEE NAME STREET ADDRESS STREET ADDRESS	DOLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL D ROJAS, ROBERTO 2250 SW 3RD AVE	eda, esta ett e dapiteas. S AND DIRECTORS	(NOT	13. 11 TITLE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 24 CITY- 31 TITLE 32 NAME 33 STREE	F ADDRESS F ADDRESS F ADDRESS F ADDRESS F ADDRESS F ADDRESS	required when	reinstanng)		DATE	O DIRECTO Change Change	RS IN 12 Addition
SIGNATURE  12.  THE  MAME  STREEL ADDRESS  CITY-ST-ZIP  THLE  NAME  STREEL ADDRESS  CITY-ST-ZIP  THLE  NAME  STREEL ADDRESS  CITY-ST-ZIP	DOLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL D ROJAS, ROBERTO 2250 SW 3RD AVE	edagesta of the Pagi Leas. S AND DIRECTORS	DELETE	13. 11 TITLE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 2 4 CITY- 31 TITLE 32 NAME 33 STREE 34 CITY-	ent signa ure  I ADDRESS  S1-ZIP  I ADDRESS  S1-ZIP  T ADDRESS  S1-ZIP	required when	reinstanng)		DATE	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  TILE NAME STREEL ADDRESS CITY-SE-ZIE TITLE NAME STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS CITY-ST-ZIE TITLE NAME STREET ADDRESS CITY-ST-ZIE TITLE	DOLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL D ROJAS, ROBERTO 2250 SW 3RD AVE	edagesta of the Pagi Leas. S AND DIRECTORS	(NOT	13. 11 TITLE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 24 CITY- 31 TITLE 32 NAME 33 STREE	ent signature  I ADDRESS  S1- ZIP  I ADDRESS  S1- ZIP  T ADDRESS  S1- ZIP	required when	reinstanng)		DATE	O DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12. THE NAME STREEL ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME	DOLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL D ROJAS, ROBERTO 2250 SW 3RD AVE	edagesta of the Pagi Leas. S AND DIRECTORS	DELETE	13. 11 TITLE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 2 4 CITY- 31 TITLE 32 NAME 33 STREE 34 CITY- 41 TITLE 4 2 NAME	ent signature  I ADDRESS  S1- ZIP  I ADDRESS  S1- ZIP  T ADDRESS  S1- ZIP	required when	reinstanng)		DATE	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  TILE NAME STREEL ADDRESS CITY-SI-ZIF TITLE NAME STREET ADDRESS CITY-SI-ZIF TITLE NAME STREET ADDRESS CITY-SI-ZIF TITLE NAME NAME NAME NAME NAME NAME NAME NAM	DOLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL D ROJAS, ROBERTO 2250 SW 3RD AVE	edagesta of the Pagi Leas. S AND DIRECTORS	DELETE	13. 11 TITLE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 2 4 CITY- 31 TITLE 32 NAME 33 STREE 34 CITY- 41 TITLE 4 2 NAME	F ADDRESS S1-ZIP T ADDRESS S1-ZIP T ADDRESS S1-ZIP T ADDRESS	required when	reinstanng)		DATE	O DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12.  THE NAME STREEL ADDRESS CITY-SI-ZIP THLE NAME STREEL ADDRESS CITY-SI-ZIP THLE NAME STREEL ADDRESS CITY-SI-ZIP THLE NAME STREEL ADDRESS CITY-SI-ZIP THRE NAME STREEL ADDRESS CITY-SI-ZIP CITY-SI-ZIP	DOLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL D ROJAS, ROBERTO 2250 SW 3RD AVE	et ajest a d.1 » (tap) Lests. S AND DIRECTORS	DELETE	1 Help states LAG  13.  11 TITLE 12 NAME 13 STREE 24 NAME 23 STREE 2 4 CITY- 31 TITLE 32 NAME 33 STREE 34 CITY- 41 TITLE 4 2 NAME 4 3 STREE 4 4 CITY- 5.1 TITLE	F ADDRESS S1-ZIP T ADDRESS S1-ZIP T ADDRESS S1-ZIP T ADDRESS	required when	reinstanng)		DATE	DIRECTO Change Change	RS IN 12 Addition Addition
SIGNATURE  12.  TILE NAME STREEL ADDRESS CITY-SE-ZIF TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-SE-ZIP TITLE NAME STREET ADDRESS CITY-SE-ZIP TITLE NAME STREET ADDRESS CITY-SE-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	DOLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL D ROJAS, ROBERTO 2250 SW 3RD AVE	et ajest a d.1 » (tap) Lests. S AND DIRECTORS	DELETE  DELETE	1 Hory states (1 Ag  1 1 TITLE  1 2 NAME  1.3 STREE  1.4 CITY-  2.1 TITLE  2.2 NAME  2.3 STREE  2.4 CITY-  3.1 TITLE  3.2 NAME  3.3 STREE  3.4 CITY-  4.1 TITLE  4.2 NAME  4.3 STREE  4.4 CITY-  5.1 TITLE  5.2 NAME	ent signature  I ADDRESS  S1-ZIP  I ADDRESS  S1-ZIP  I ADDRESS  S1-ZIP  I ADDRESS  S1-ZIP	required when	reinstanng)		DATE	O DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12.  THE  NAME  STREEL ADDRESS  CITY-SE-ZP  THLE  NAME  STREEL ADDRESS  CITY-SE-ZP  THE  NAME  STREEL ADDRESS  STREEL ADDRESS	DOLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL D ROJAS, ROBERTO 2250 SW 3RD AVE	et ajest a d.1 » (tap) Lests. S AND DIRECTORS	DELETE  DELETE	1 Hory states Ag  13.  11 TITLE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 24 CITY- 31 TITLE 32 NAME 33 STREE 34 CITY- 41 TITLE 42 NAME 43 STREE 44 CITY- 5.1 TITLE 52 NAME	ENT ADDRESS  T ADDRESS  S1-ZIP  T ADDRESS  S1-ZIP  T ADDRESS  S1-ZIP  T ADDRESS  S1-ZIP	required when	reinstanng)		DATE	O DIRECTO Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12.  THE  NAME STREEL ADDRESS CITY-SE-ZIP THLE  NAME STREEL ADDRESS CITY-SE-ZIP	DOLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL D ROJAS, ROBERTO 2250 SW 3RD AVE	etajesta ett - itagi iesis. S AND DIRECTORS	DELETE  DELETE	1 Hory states Ag  13.  1 TITLE 1 2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-	ENT ADDRESS  T ADDRESS  S1-ZIP  T ADDRESS  S1-ZIP  T ADDRESS  S1-ZIP  T ADDRESS  S1-ZIP	required when	reinstanng)		DATE	DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE  12.  THE  NAME  STREEL ADDRESS CITY SE ZP THLE  NAME  STREEL ADDRESS CITY ST ZP THLE  NAME  STREEL ADDRESS STREEL ADDRESS STREEL ADDRESS	DOLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL D ROJAS, ROBERTO 2250 SW 3RD AVE	etajesta ett - itagi iesis. S AND DIRECTORS	DELETE  DELETE	1 Hory states Ag  13.  11 TITLE 12 NAME 13 STREE 14 CITY- 21 TITLE 22 NAME 23 STREE 24 CITY- 31 TITLE 32 NAME 33 STREE 34 CITY- 41 TITLE 42 NAME 43 STREE 44 CITY- 5.1 TITLE 52 NAME	ENT ADDRESS  T ADDRESS  S1-ZIP  T ADDRESS  S1-ZIP  T ADDRESS  S1-ZIP  T ADDRESS  S1-ZIP	required when	reinstanng)		DATE	O DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
SIGNATURE  12.  THE  NAME  STREEL ADDRESS  CITY-ST-ZIP  THLE  THLE	DOLIVA, RUBEN 2250 SW 3RD AVE MIAMI FL D ROJAS, ROBERTO 2250 SW 3RD AVE	etajesta ett - itagi iesis. S AND DIRECTORS	DELETE  DELETE	1 Help stated Ag  13.  1 1 TITLE 1 2 NAME 1 3 STREE 2 4 CITY- 3 1 TITLE 3 2 NAME 3 3 STREE 3 4 CITY- 4 1 TITLE 4 2 NAME 4 3 STREE 4 4 CITY- 5 1 TITLE 5 2 NAME 5 3 STREE 5 4 CITY- 6 1 TITLE 6 2 NAME 6 3 STREE 6 4 CITY- 6 1 TITLE 6 2 NAME	ENT ADDRESS  T ADDRESS  S1-ZIP  T ADDRESS  S1-ZIP  T ADDRESS  S1-ZIP  T ADDRESS  S1-ZIP	required when	reinstanng)		DATE	DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition

recommence of the intermation 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 in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 in the upon or of an attachment with an address.

SIGNATURE: