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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000066137 (9)

	CONFONATION		****							
Principal Place o	d Business	Mailing Ac	Mailing Address			n efferiedt som rutebe sotte Weite Mitte genie		Afriki Mana ribit Jant Jehi		
2003 CYPRESS CREEK ROAD C/O 4904 NW 1 SUITE 102-A CORAL SPRING N LAUDERDALE FL 33309			I NW 101 AVE. PRINGS FL 33076				-			
						<ol> <li>Date Incorporated or Qualified</li> <li>09/17/1993</li> </ol>		te of Last Report )1/1996		
2. Principal Plac	e of Business	2a. Mailing	2a. Mailing Address			4. FEI Number		Applied For		
21		26				65-0439211	65-0439211 Not App			
Suite, Apt #,	etc.	Suite, /	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & 28	State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Ζφ <b>24</b>	Country 25	Z <sub>1</sub> p	30	Country		This corporation has liability for Florida Statutes		tax under s. 199.032, No		
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
DE LOS HOYOS, JEFFERY 4904 NW 101ST AVE. CORAL SPRINGS FL FL330-76					Name					
					Street Ac	ess (P.O. Box Number is Not Acceptable)				
				83						
				84	City		FL	85 Zip Code		
office or reg agent I am	the provisions of Sections 607 istered agent or both, in the S familiar with, and accept the c	tate of Florida. Such	n change was author	zed by	the corpo	orporation submits this statement for the pration's board of directors. I hereby accept	ourpose of of the appo	changing its registered ointment as registered		
SIGNATURE	mature, typed or printed name of registers	o agent and title if applicat	de (NOTE: Regis	lered Ap	ent signature re	quired when reinstating)	DATE			
12	OFFICERS	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							

	Signature: typical or printed name of registered agent and title if appl	icabie (NOTE: H	egistéred Agènt signéture	required when reinstating?	DATE		
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES	TO OFFICERS AND D	RECTOR	
TITLE	VTSD	☐ DELETE	1 1 TITLE		12	S Change	Addition
NAME	DE LOS HOYOS, JEFFERY		1.2 NAME				1
STREET ADDRESS	4904 NW 101 AVE.		1.3 STREET ADDRESS				
CITY-S1-2IP	CORAL GABLES FL 33076		1.4 CITY-ST-ZIP	COLOTSBLINGS	<u> </u>	<u> 2/C</u>	
TITLE	PD	☐ DELETE	2.1 TITLE	,	72	Change	☐ Addition
NAMÉ	DE LOS HOYOS, ROSALIE V		2.2 NAME				
STREET ADDRESS	4904 NW 101 AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33076		2 4 CITY-ST-ZIP	COROL SPRINGS	Er 330	<u> </u>	
THILE		☐ DELETE	3.1 TITLE	, ,		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS	}	·	3.3 STREET ADDRESS				
CITY - ST - ZIP	,		3.4. CłTY-ST-ZIP				
TITLE		DELETE	4.1 TITLE			Change	Addition
NAME			4.2 NAME				
STREET ADDRESS		į	4.3 STREET ADDRESS				,
CITY ST-ZIF			4.4 CITY - ST - ZIP				
TITLE		DETELE	5.1 TITLE			Change	Addition \
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5 4 CITY - ST - ZIP				
TITLE	• • • • • • • • • • • • • • • • • • •	DELETE	6 1 TITLE	<b>1</b>		Change	Addition
NAME.			6 2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				,
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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 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 man officers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Apr 14 1997 8:00am

Secretary of State

0616251