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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998		HI			Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
DOCUI 1. Corporation MARIAN	MENT : Name O SEVILL		950000	00134	(3)				(ARRIVANI ATA TARAF ATAH ARAH ARAH ARAH ARAH	: : 	114 848 1 88 1	
Dringing of Diago	- al Direinos			fulling fightings								
Principal Place 2408 N.W. 201			Mailing Address					}				
MIAMI FL 331			2406 N.W. 20TH STREET Miami Fl 33142					ł				
US			US					-	DO NOT WRITE IN To 3. Date Incorporated or Qualified	HIS SPACE		
								}	01/02/1995			
2. Principal Pl	ace of Busine	ss	28	2a. Mailing Address					4. FEI Number	Ar	oplied For	
1			26						65-0545746	No	ot Applicable	
Suite, Apt.	#, e tc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75			
22 City & State		27	City & State					• Flatin Openia Flatin	Fee Re	<u></u> -		
23	,		28	City a biate					6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 9		
Zip		Country		Z _I p		Country	,		8. This corporation owes or has paid the			
24	2	·	29		30				Personal Property Tax due June 30.		No	
			s of Current Regi	stered Agent		81	Name	1	0. Name and Address of New Register	red Agent		
	/ILLA, MARI/						<u> </u>					
480 WEST 66TH ST. HIALEAH FL 33012						82	Street A	Address	(P.O. Box Number is Not Acceptable)			
1 11/1	LLAN IL OU	012				83						
						84	City			BE Zin i	Code	
							City			FL 85 Zip (Code	
11. Pursuant t	o the provision	ns of Sections.	ons 607.0502 and t in the State of Flor	607.1508, Florid ida. Such chan	la Statutes, ti ge was autho	he abov orized b	e-named (the core	corpora poration	ition submits this statement for the purposes board of directors. I hereby accept the	e of changing it appointment as	s registered registered	
agent. I ar	n tam iliar with	, and acce	ept the obligations of	of, Section 607.	0505, Florida	Statute	S.					
SIGNATURE	Slonature typed or	printed name	of registered agent and life	e il applicable	(NOTE Rec	ristered Age	nd signature o	required w	hon reinstating) DA	TE		
12.			FICERS AND DIRE			13.			ADDITIONS/CHANGES TO OFFICERS		IS IN 12	
TITLE	0			DE	LETE	1.1 TITLE				Change	Addition	
NAME	SEVILLA.					1,2 NAME					ļ	
STREET ADDRESS	480 WEST		T.			1.3 STREET					ļ	
CITY-ST-ZIP TITLE	HIALEAH	PL .		DE DE	I FTE	1.4 CITY - S 2.1 TITLE	T- ZIP			Change	Addition	
NAME						2.2 NAME				CH Change		
STREET ADDRESS					1	2.3 STREET	ADDRESS					
CITY-ST-ZIP						2. 4 CITY - 1						
TITLE				☐ D£	LETE	3.1 TITLE				Change	Addition	
NAME						3.2 NAME	1					
STREET ADDRESS						3 3 STREET					Ì	
CITY-ST-ZIP TITLE				☐ DE		3.4. CITY - : 4.1 TITLE	ST-ZIP			Change	Addition	
NAME					1	4. 2 NAME	1			onango		
STREET ADDRESS						4.3 STREET	ADDRESS					
CITY-ST-ZIP					1	4.4 CITY - S)]	
TITLE				DE	LETE	5.1 TITLE				Change	Addition	
NAME					1	5.2 NAME					ĺ	
STREET ADDRESS						5.3 STREET	1				-	
CITY+ST-ZIP				☐ DE		5.4 CITY - S 6.1 TITLE	T - ZIP			Change	Addition	
TITLE NAME				L_1 Util		6.2 NAME	-			L. Vilange		
STREET ADDRESS						6.3 STREET	ADDRESS					
											į	

14. I 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 frustee 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.

1/1-198 305 634 2811

FILED

Jan 26 1998 8:00am