## 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 # P95000061232 (1

## FILED Apr 14 1997 8:00am Secretary of State

Principal Plan		Mailing Address P.O. BOX 45-1308	7A S					
MIAMI FL 332	45	MIAMI FL 33245-1308					<u> </u>	
					<ol> <li>Date Incorporated or Qualified 06/09/1995</li> </ol>		Date of Last R 3/18/1996	eport
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Ap	oplied For	
21 Suite, Apt. #. etc.		Suite, Apt. #, etc.		65-0600655	F-3	\$8.75 A	ot Applicable Additional	
22		27			5. Certificate of Status Desired		Fee Re	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
<b>23</b> Zip	Country	<b>28</b>			This corporation has liability for intengible tay under s. 199.032,			
24	25				Florida Statutes	☐ Yes	No	
	9. Name and Address of Curro	ent Registered Agent	8	1 Name	10. Name and Address of New I	Registere	d Agent	
	IRTIR, ARMANDO 30 S.W. 50TH TERRACE				ddress (P.O. Box Number is Not Accept	-b(-)		
	ITE 302		8		daress (P.O. Box number is Not Accept	able)		
MIAMI FL 33155-4481			8	3				
			В	4 City		F	85 Zip (	Code
11. Pursuan	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the abo	ve-named or	orporation submits this statement for the	purpose	of changing it	is registered
office or agent 1	registered agent, or both, in the Sta am familiar with, and accept the obli	te of Florida. Such change was igations of, Section 607,0505, F	authorized ( lorida Statut	by the corpo es.	ration's board of directors. I hereby acc	ept the ap	ppointment as	registered
SIGNATURE	Signative type of or printed name of registered a	Allo	76 0			DATE	<del></del>	
12.		ND DIRECTORS	13.	Gent s:Di sattire te-	quired when reinstating) ADDITIONS/CHANGES TO OFF		ND DIRECTOR	IS IN 12
TITLE	P DELEYE		1,1 TITLE				Change	Addition
NAME			1.2 NAME					
STREET ADDRESS	1015 CORAL WAY CORAL GABLES FL 33134		1.3 STREET ADDRESS					
CITY - ST - ZIP TITLE	S	DELETE	1.4 CITY 2.1 TITUE				Change	Addition
NAME	MARTIR, ANA	ARTIR, ANA						:
STREET ADDRESS	The state of the s		2.3 STRE	ET ADDRESS				
CHTY - ST - ZIF	CORAL GABLES FL 33134		2 4 CITY 3.1 TITLE	<del></del>			Change	Addition
TITLE NAME	D Martir, Carlos	3.3 32 1		i			CT CHANGE	FT KBOIIIGH
STREET ADDRESS	D.O. DOV 45 4000			ET ADDRESS				:
CITY-ST-7IP	MIAMI FL 33245		3.4. CiTY	ì				'
TITLE	D	DELETE 411					Change	Addition
NAME	MARTIR, CARMEN		4. 2 NAN					
STREET ADDRESS	P.O. BOX 45-1308 MIAMI FL 33245			ET ADDRESS				
CITY - ST - ZIF TITLE	WANTE I L VOETV	☐ DELETE	4.4 CITY 5.1 TITLE			<del></del>	Change	Addition
NAME			5.2 NAM	1			-	
STREET ADDRESS			5.3 STRE	E1 ADDRESS			4	
CITY-ST-ZIP		T became	5.4 CITY					11000
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAM	1				
STREET ADDRESS		4		ET ADDRESS				
CHTY - ST - ZIP			6.4 CiTY	-31-21				

14. 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 directly 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 the an attachment with an adverse.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/AMT 4-8-9

Daytime Priorie #