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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretally of State
DIVISION OF CORPORATIONS

FILED

May 14 1997 8:00am

Secretary of State

1997

DOCUMENT # P96000064688 (0)

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State Agriculture State St			nt Registered Agent			10. Name and Address of New Registe	red Agent	
### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Number is Not Acceptable) ### Street Address (P.O. Box Number is Number is Not Acceptable) ### Street Address (P.O. Box Number is				81	Name Al	NA ORTEGA		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Levida Statutes, the above named corporation submits this statement for the purpose of changing its register agent 1 am familiar with and accept try obligations of Section 607.0505. Horida Statutes, the above named corporation submits this statement for the purpose of changing its register agent 1 am familiar with and accept try obligations of Section 607.0505. Horida Statutes. SIGNATURE X OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D OFFICERS AND DIRECTORS IN 12 11-THE 11-				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. Horida Statutes, the above named corporation submits this statement for the purpose of changing its register of agent. I am familiar with, and accept try obligations of, Section 607.05.05. Horida Statutes. SIGNATURE X	MIA	MI FL 33166		ies	<u>5:</u>	551 S.W. 144 COURT		
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Liorida Statutes, the above named corporation submitts this statement for the purpose of changing is registered agent, or both, in the State of Liorida Such change was authorized by the corporation's hourd of directors. Thereby accept the appointment as registered agent 1 am familiar with, and accept to plantace of, Section 607 0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS DELETE 1.17THE OFFICERS AND DIRECTORS 1.2 NAME STREET ADDRESS URB EL CAFETAL, AVE 199 #107-40 1.3 STREET ADDRESS ORY-ST-ZP NAME STREET ADDRESS ORY-ST-ZP NAGUANAGUA, CARABOBO VENEZ. DELETE DELETE DELETE 1.11THE DELETE 1.11THE VICE—PRESIDENT ANA ORTEGA 2.3 SIRELI ADDRESS CITY-ST-ZIP ANA ORTEGA 2.3 SIRELI ADDRESS CITY-ST-ZIP ANA ORTEGA 3.3 SIRELI ADDRESS CITY-ST-ZIP DELETE 3.1 THE DELETE 3.1 THE DELETE 3.1 THE DELETE 3.2 NAME 3.3 SIRELI ADDRESS CITY-ST-ZIP ANA ORTEGA 3.3 SIRELI ADDRESS CITY-ST-ZIP DELETE 3.3 SIRELI ADDRESS CITY-ST-ZIP Change Add 4.3 SIRELI ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 THE DELETE Change Add Add Add Add Add Add Add A				63				
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Liorida Statutes, the above named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Liorida Such change was authorized by the corporation's hourd of directors. Thereby accept the appointment as register agent I am familiar with, and accept tog obligations of, Section 607 6059, Shortida Statutes.				84	City M	IAMI	85 Zin	Code
SIGNATURE Signature: Spread or printed name of regretered agent to milite? Applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D	11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508. Horida S	Statutes, the above	f e-named cor			
SIGNATURE Signature: Spread or printed name of regretered agent to milite? Applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D	office or r	egistered agent, or both, in the State m familiar with, and accept the oblid	e of Florida, Such change vations of Section 607,050	was authorized by 5. Florida Statute	y the corpora	ation's board of directors. I hereby accept the	appointment as	registr
Stopentime Type of an pointed name of regeneral agents of Molecular Special agents (NOT) for postered Agent is graduar required when an obstacled OAT				o, Florida Oldidae	J.		,	, (
TITLE	SIGNATURE	Signature, typed or printed name of registered ag	jent millitule if applicable	(NOTE he gistered Age	or La guaturo requ	ured when re-nstating) DA	11	
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64 CITY-ST-ZIP 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the		u andituthat the information a series	of a bit side of the a	64 CHY-S	1 - ZIP	0.440.07(0)//		

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