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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000066398 (4)

C. GARCIA, P.A.

Principal Place 4798 SEA OAT #101 W PALM SEAC	S CIRCLE	Mailing Address 4788 SEA OATS CIRCLE #101 W PALM BEACH FL 33417-8042								
						3. Date Incorporated or Qualified 08/09/1996	3a. Dat	te of Last Re	eport	
21 3151	ace of BusinessSW_4_Street	2a. Mailing Address 26 3151 SW 4	Stre	e t		4. FEI Number 65-0713750		No	pplied For ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
City & State		City & State Miami, FL				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip 24 33135	Country 25 USA 9. Name and Address of Current		Coun 30 U	•			Yes [] No	199.032,	
GARCIA, CRISTINA 4798 SEA OAKS CIRCLE #101 W PALM BEACH FL 33417				81 Name 82 Stree 315 83	ot Addres	10. Name and Address of New Rose (P.O. Box Number is Not Accepta W 4 Street			Code 135	
office or re agent. I ar	o the provisions of Sections 607.0502 egistered agent, or both, in the State on Infamiliar with, and accept the obligat	of Florida, Such change was a	uthorized	by the co	ed corpo orporatio	ration submits this statement for the n's board of directors. I hereby acce	purpose of	changing its	s registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Rogistered	Agent signati	uro required	(when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFI				
TITLE	D CAROLA ODIOTILIA	☐ DETE1F	1.1 1111				-	Change	Addition 3	
NAME	GARCIA, CRISTINA		1.2 NAM			•	•	r numo	25	
STREET ADDRESS	4798 SEA OAKS CIRCLE #101		1	EET ADDRESS) 3	151 SW 4 Street			ļį	
CITY-ST-ZIP	W PALM BEACH FL 33417	DELETE		Y-51-7IP	M	iami , FL 3313	5	Change	- I Addition (
TITLE		L DELETE	2.11(1)				ļ	L_1 Unarige	Addition (
NAME			2.2 NAN							
STREET ADDRESS				EET ADDRESS	3				Į.	
CITY-ST-ZIP TITLE		DELETE	2.4 CII	Y - ST - ZIP				Change	Addition	
NAME			32 NAM					C Outsing		
STREET ADDRESS			/	VIL IEET ADDRESS					ĺ	
CITY-ST-ZIP			1	Y-\$I-Z P	'				ļ	
TITLE		DELETE	4.1 Titl					Change	Addition	
NAME			4, 2 NA			•	,			
STREET ADDRESS				REE1 ADDRESS						
CITY-ST-ZIP				Y-\$1-7IP	'				1	
TITLE		DELETE	5.1 TIN					Change	Addilion	
NAME		manuf or not a re-	5.2 NAM							
STREET ADDRESS				vil IEET ADDRESS						
CITY-ST-ZIP		•	1	Y-ST- <i>Z</i> IP	`				ļ	
TITLE		DELETE	6.1 Jul					Change	Addition	
NAME		,	6.2 NA							
STREET ADDRESS			1	re Ree 1 address	s					

6.4 (IIY-S1-2IP

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 director 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 on an attachment with an address.