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FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PA6000082626

1. Corporation Name

Miami A Su Alcanee, Inc

Principal Place of Business

Mailing Address

14440 S.W. 144 Place Circle  
Miami, FL 33186

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

Oct. 7-96

N/A

4. FEI Number

Applied For

62-0699626

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

MR. Gustavo Velasquez  
14440 S.W. 144 Place Circle  
Miami FL 33186

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Officer/President  
Gustavo Velasquez  
14440 S.W. 144 Place Circle  
Miami - FL 33186

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
Change Addition

11 TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
Change Addition

11 TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
Change Addition

11 TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
Change Addition

11 TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
Change Addition

11 TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP  
Change Addition

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.

SIGNATURE:

(Signature typed or printed name of signing officer or director)

4-28-97

Date

305-255-4173

Daytime Phone

CR2E034 (9/96)