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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 03 1997 8:00am Secretary of State

	H ST	70 (6) Mailing Address 10051 SW 70 ST MIAMI FL 33173-4614 US					
				3. Date Incorporated or Qualified 11/06/1990	3a. Date of Last R 04/18/1996	leport	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number		oplied For	
Suite, Apt	# oto	Suite, Apt. #, etc.		65-0224786		ot Applicable	
2		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Stat	£:	City & State		6. Election Campaign Financing		May Be	
3] Zip	Country	28 Zip	Country	Trust Fund Contribution		to Fees	
4]	25	29	30	This corporation has liability for Florida Statutes	rintangible tax under s ☐ Yes ☐ No	199.032	
	9. Name and Address of Cu			10. Name and Address of New Ro	egistered Agent		
	DERO, YOLANDA		81 Name				
10051 SW 70ST MIAMI FL 33173			82 Street Add	dress (P.O. Box Number is Not Accepta	ible)		
MIA	MI FL 331/3		83				
			84 City		FL 85 Zip	Code	
	to the provisions of Sections 607 registered agent, or both, in the S imitaminar with, and accept the o	: 0502 and 607.1508, Florida Statut State of Florida Such change was obligations of, Section 607.0505, Fl	es, the above-named cor authorized by the corpora brida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing i ept the appointment as	ts registered registered	
11. Pursuant office or ragent La SiGNATURE	Signature typic for printed name of registers		es, the above-named cor authorized by the corpora brida Statutes. E. Regissored Agent signature required. 13. 1.1 TITLE		DATE	**************************************	
SIGNATURE	Signature typical or printed name of regions OFFICERS P REDERO, YOLANDA	ed agent and trile if applicable (NOT S AND DIRECTORS	E. Registered Agent signature requ	uired when reinstating)	DATE CERS AND DIRECTOR	RS IN 12	
SIGNATURE 12. THE MAME	OFFICERS P REDERO, YOLANDA 10051 SW 70 ST	ed agent and trile if applicable (NOT S AND DIRECTORS	E. Registered Agent signature required. 13. 1.1 TITLE	uired when reinstating)	DATE CERS AND DIRECTOR	RS IN 12	
SIGNATURE 12. HHE MAME STREET ADDRESS GHY ST: 749	Signature typical or printed name of regions OFFICERS P REDERO, YOLANDA	ed agent and tells if applicable (NOT 6 AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	uired when reinstating)	DATE ICERS AND DIRECTOR Change	RS IN 12	
SIGNATURE 12. HILE MANE STREET ADDRESS GITY ST. 742	OFFICERS P REDERO, YOLANDA 10051 SW 70 ST	ed agent and trile if applicable (NOT S AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	uired when reinstating)	DATE CERS AND DIRECTOR	RS IN 12	
SIGNATURE 12. BHE NAME STREELADORESS GHY ST-7/9 DHE NAME	OFFICERS P REDERO, YOLANDA 10051 SW 70 ST	ed agent and tells if applicable (NOT 6 AND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-St-ZiP 2.1 TITLE 2.2 NAME	uired when reinstating)	DATE ICERS AND DIRECTOR Change	RS IN 12	
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or corcupplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the processor of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or B on an attachment with an address.