

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

**FILED**

**Jan 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # S34957 (8)**  
1. Corporation Name  
**7190 INC.**



Principal Place of Business: **8222 NW 164TH ST. MIAMI FL 33016**  
Mailing Address: **7190 SW 87TH AVENUE MIAMI FL 33173-2508 US**

3. Date Incorporated or Qualified: **02/26/1991**  
3a. Date of Last Report: **02/23/1996**

2. Principal Place of Business: **7935 N.W. 164 Terr.**  
2a. Mailing Address

4. FEI Number: **65-0253175**  
Applied For:  Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **MIAMI FL**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

Zip: **33016** Country: **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANCHEZ, CARLOS E  
8222 NW 164TH ST.  
MIAMI FL 33016**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **7935 N.W. 164 Terr.**  
83  
84 City: **MIAMI** FL 85 Zip Code: **33016**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SANCHEZ, CARLOS E.</b>
STREET ADDRESS	<b>7935 NW 164TH TERRACE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D BERMUDEZ, ALBERTO C.</b>
STREET ADDRESS	<b>9874 S.W. 26TH TERRACE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>7935 N.W. 164 Terr.</b>
1.4 CITY - ST - ZIP	<b>MIAMI, FL 33016</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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]** 1-15-97 598-4800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)