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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S76058

(4)

GUILLERMO PESANT, P.A.

Lam an officer or director of the corp appears in Block 12 or Block 13 if of

SIGNATURE:

**FILED** Mar 03 1997 8:00am Secretary of State

Principal Place of Business 1313 PONCE DE LEON BLVD.		Mailing Address				i 1881/8/8 fft (881/8 8111) \$61/81 61/91 (61/8 61/91) 61/91 61/91 61/91 61/91			
			1313 PONCE DE LEON BLVD.						
SUITE 301 CORAL GABLES	FL 33134	SUITE 301 CORAL GABLES FL 3313	4-3343						
COUNT CHOTEC						3. Date Incorporated or Qualified 08/16/1991	d 3a. Date of Lest Report 06/07/1996		
2. Principal Plac	ce of Business	2a. Mailing Address				4, FEI Number	<b>-</b>	Ar	oplied For
21		26				65-0284546		No	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u>                                     </u>			5. Certificate of Status Desired		\$8.75 /	Additional equired
City & State		City & State				& Flastica Compaign Financing			May Be
23		28				6. Election Campaign Financing Trust Fund Contribution			to Fees
<i>Ζ</i> ιρ	Country	7ip	Co	untry		8. This corporation has liability for	intangible	tax under s	. 199.032,
24	25	29	30					□ No	
	g. Name and Address of Curr	ent Registered Agent		Ι.,		10. Name and Address of New Re	gistered .	Agent	
	nt, Guillermo			81	Name				
	PONCE DE LEON BLVD.			62	Street Add	dress (P.O. Box Number is Not Acceptate	ole)		
SUITE				$\sqcup$					
CORA	L GABLES FL 33134			83					
				84	City		FL	85 Zip	Code
11 Persuant to	the provisions of Sections 607.0	502 and 607 1508 Florida State	utes. the e	LI	-named co	rporation submits this statement for the p	ournose of	changing i	ts registered
office or rec	gistered agent, or both, in the Sta familiar with, and accept the ob-	ate of Florida. Such change was	s authorize	ed by	the corpora	ation's board of directors. I hereby acce	pt the app	ointment as	registered
•	ramiliar with, and accept the op-	igations of, Section 607.0300, f	IOHOA SIE	1000					
SIGNATURE S	grassia, typelo or printe financi of registered	agevit and title if applicable (NC	OTE: Flegister	ed Age	ni signature req	uired when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 12
	D	DELETE	1.1 1	TITLE				☐ Change	Addition
	PESANT, GUILLERMO		1.21	NAME					
	1313 PONCE DE LEON BLV	D.	1.3 9	STREET	ADDRESS				
CiTY - ST - ZIP	CORAL GABLES FL		14(	CITY-S	T- ZIP	4.			
101.6		☐ DELETE	2.11	TIFLE				Change	Addition
NAME			2.21	NAME					
STHEET ADDRESS			2.3	STREET	ADDRESS				
CHY-ST ZIP				CITY - S	T-ZIP			1 05	The section
TIFLE		☐ DELETE		TITLE				Change	■ Addition
NAME				NAME					
STREET ADDRESS					address				
CITY+S1+ZIF		DELETE		CITY - S	ST-ZIP			Change	Addition
THE		L' DETEIR	1	TITLE	ļ			L. J. Ontarige	LI ROSINO
NAME				NAME	1000000				
STREET ADORESS					ADDRESS				
COY-ST-ZIF		DELETE		CITY-S TITLE	1-ZIP	Luar Luar Luar Luar Luar Luar Luar Luar		Change	Addition
TITLE		L. DUCCIE		NAME					
NAME NAME					ADDRESS				
STREET ADDRESS					1				
City-St-ZiP		DELETE		CITY-S TITLE	1-Zir			Change	Addition
		<u> </u>	l l	NAME					
NAME REVISES ASSORBANI					ADDRESS				
STREET ACORESS		<i>i</i>							
CHTY-S1-ZIP	certify that the information sup	had with this filing does not gu	alia, for th	CITY-S	motion stat	ed in Section 119.07(3)(i), Florida Statuti	es. I furthe	r certify that	t the
information am an off	indicated on this annual report	supplemental annual report in the receiver of the trustee one	true and	accu	rate and the	hat my signature shall have the same leg port as required by Chapter 607, Florida	al effect a Statutes; a	s if made ur and that my	nder oath; tha name