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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V32046

(7)

Lam an officer or director of appears in Block 12 or Block

SIGNATURE:

	-	Mailing Address 3785 NW 82 AVE SUITE 310 MIAMI FL 33166-6631 US		3. Date Incorporated or Qualified	3a. Date of Last Report
				04/27/1992	01/29/1996
2. Principal I 21	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0346633	Applied For Not Applicable
Suite. Apt 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Sta	ate.	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip 29	Country 30	8. This corporation has liability for	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent
202 STI	EVEN D. BRAVERMAN PA 21 E COMMERCIAL BLVD E 304 LAUDERDALE FL 33308		81 Name 82 Street Add 83	fress (P.O. Box Number is Not Acceptab	at   7in Code
office or agent 1: SIGNATURE	am lamiliar with and accept the obligation by doi: protection of registered age OFFICERS AND	ations of Section 607.0505, F	authorized by the corporal lorida Statutes.  TE: Registered Agent signature requirements.	poration submits this statement for the pation's board of directors. I hereby acception when reinstating additional statement for the patient when reinstating additional statement and the patient when reinstating and the patient when	DATE
TITLE	V	<b>⊠</b> DELETE	1.1 YITLE		Change Addition
NAME STREET ADDRESS	SAK, CHEN 8850 NW 196TH STREET MIAMI FL		1.2 NAME 1.3 STREET ADDRESS		
CHY-ST-ZIF TITLE	PD	DELETE	1.4 CITY - ST - ZIP 2.1 FITLE	S /	Change  Addition
NAME STREET ADDRESS CITY: ST. ZIF	MONIQUE, TRAAD	L. J VICETO	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST- ZIP	TONÍQUE TRAGO 789 N.W. 32 Ave LIAMI, FL 33/1	. svite 310
TITLE NAME STREET ADURESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 SYREET ADDRESS	,	Change Addition
CITY-ST-ZIP		~~~~~	3.4. CITY-ST-ZIP		
TOTLE		☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS	!		4. 2 NAME 4.3 STREET ADDRESS		
CITY - ST - ZiP			4.4 CITY+ST-ZIP		
TITLE NAME		DELETE	5.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS		·	5.2 NAME 5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6,1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			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

U-Marique Traad-1,29.97 305/115-0896