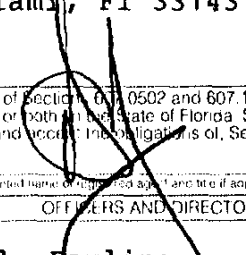
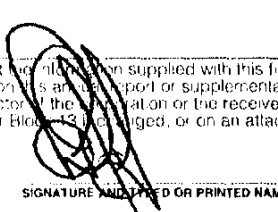


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 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 # P95000065452 1. Corporation Name 14930, Inc.			
Principal Place of Business 6361 Sunset Drive South Miami, Fl 33143		Mailing Address 6361 Sunset Drive South Miami, Fl 33143	
2. Principal Place of Business 21 1607 Ponce De Leon Blvd Suite, Apt. #, etc. 22 Suite 101 City & State 23 Coral Gables, Fl Zip Country 24 33134 25 US		2a. Mailing Address 26 8360 W. Flagler Street Suite, Apt. #, etc. 27 Suite 200 City & State 28 Coral Gables, Fl Zip Country 29 33144-2075 30 US	
3. Date Incorporated or Qualified 8/24/95		3a. Date of Last Report 5/1/96	
4. FEI Number 65-0618426		Applied For ☐ 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			
9. Name and Address of Current Registered Agent Alejandro Nunez, Esq. 6361 Sunset Drive South Miami, Fl 33143		10. Name and Address of New Registered Agent 81 Name Alejandro Nunez, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 1607 Ponce De Leon Blvd. 83 Suite 101 84 City Coral Gables, FL 85 Zip Code 33134	
11. Pursuant to the provisions of Section 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: 4/15/97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSTD NAME Espinol, Paulino STREET ADDRESS 2785 N.W. 5th Street CITY- ST- ZIP Miami, Fl 33125	☐ DELETE	1.1 TITLE PSTD 1.2 NAME Espinol, Paulino 1.3 STREET ADDRESS 14936 S.W. 104th Street Unit 20 1.4 CITY- ST- ZIP Miami, Fl 33196	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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 hereof, or on an attachment with an address.		100002175891 -05/13/97--01005--001 ***165.00	
SIGNATURE: 		Date: 4/15/97 Daytime Phone: 388-2942	

CR2E034 (9/96)