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 #

(4)

FILED

May 19 1997 8:00am

Secretary of State

Principal Plac B788 SW BTH MIAMI FL 331	ST.	Mailing Address 8788 SW BTH ST. MIAMI FL 33174-3201				
				 Date incorporated or Qualified 01/07/1981 	3e. Date of Last Report 05/01/1996	
2. Principal F	lace of Business	2a. Mailing Address		4, FEI Number	Applied For	
21		26		65-0038170	Not Applicable	
Suite, Apt	#, 610	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 City & Stat		City & State		C Clastica Compains Financia		
23	Ç	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for i		
24	25	29	30		Yes No	
<u> </u>	9. Name and Address of Curr	ent Registered Agent	I	10. Name and Address of New Re	glatered Agent	
ACI	EBO, HUGO		81 Name			
8788 SW 8TH ST.			82 Street Ad	82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33174			J. Siroti Ad	dioba (i .c. box rumbor is not ribopial		
			83			
			84 City		as Zip Code	
•			1 - 1		₽ ₽ L	
office or i agent it a SIGNATURE	registered agent, or both, in the Sta im familiar with, and accept the obli- Signated types a providuate of registrad.		authorized by the corpor lorida Statutes. TE: Registered Agent signature rec	orporation submits this statement for the p ration's board of directors. I hereby accep quired when reinstating)	of the appointment as registered	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
DLF	PO	☐ DELETE	11 TITLE		Change Addition	
NAME	ACEBO, HUGO		1 2 NAME			
STREET ADDRESS	8788 SW 8TH ST.		1.3 STREET ADDRESS			
City-\$1-ZiF	MIAMI FL 33174		1.4 CITY - ST - ZIP			
THTLE .	P0	X DELETE		PV	Change Addition	
NAME	AOEBO, HUGO			ACEBO, OMNIS B.		
PURESS	8788 SW 81H ST.			8788 S.W. 8 STREET		
CITY - S1 - ZIP	MAMI FL 33174	17. A straig ray page of Million for appropriate and Million Million (19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	2. 4 CITY-S1-ZIP	MIAMI, FL. 33174		
THEF	\$	☐ DELETE	3.1 TITLE		Change Addition	
NAME	DELGADO, LAURA		3.2 NAME			
STREET ADDRESS	8788 SW 8TH ST.		3 3 STREET ADDRESS			
CITY-SI-ZIP	MIAMI FL 33174	THE NEW PERSON	34. CITY+ST-ZIP			
TIFLE		DELETE	4.1 TITLE		Change Addition	
NAME			4, 2 NAME			
STREET ADORESS			4.3 STREET ADDRESS			
CHY-ST ZIP		DELETE	4.4 CITY - \$T - ZIP		Change Addition	
THILE		[_] DETERE	5.1 TITLE		Chevalds (1) Magnitou	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CHY-\$1-Zif		DELETE	5.4 CITY - ST - ZIP		Change Addition	
TORF		L'1 nere le	6 1 TITLE		The country of the co	
NAME OFFICE PRODUCTION			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			

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 fustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-97

Date

(305) 559-2727

Daytime Phone #