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

PROFIT COMPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # 1. Corporation Name

FILED
Jun 11 1997 8:00am
Secretary of State

MIZZA TCACE IN	C ,			
Principal Place of Business	Mailing Address			
1200 S CONGRESS AUE 1200 S. CONGRESS AV. WEST PALM BEACH, FL, 33406 FL, 38406-5117				
WILL PALH REACH FL	33400 W 618, FR,36	8406-5117	-	
WEST THE CENTER OF	1,00,108			10-0-1
			3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				CO 75
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country 25	Zip 3	Country	8. This corporation has liability for	intangible tax under s. 199.032,
9 Name and Address of C	urrent Booletored Apont	10	Florida Statutes 10. Name and Address of New Re	1
MDCDHERSON FISH	DANA	81 Name		gistered Agent
MARCHAEOLOGO, CCOM	104 # 30A			
MACPHERSON, ELSA 1950 N. Congri WEST PALM BEACH	TO 3340	82 Street	t Address (P.O. Box Number is Not Acceptab	ole)
MESA THEM DENEM	1 12.	83		
		84 City	•	FL 85 Zip Code
11. Pursuant to the provisions of Sections 60	7.0502 and 607.1508, Florida Statutes	, the above-name	d corporation submits this statement for the p	urness of changing its registered
agent. I am familiar with, and accept the	State of Florida. Such change was autobligations of, Section 607,0505, Florid	thorized by the co da Statutes.	rporation's board of directors. I hereby accer	of the appointment as registered
SIGNATURE	•			
Signature, typod or printed name of register			re required when reinstaling)	DATE
	S AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	(
		1.1 TITLE		L Change L Addition ₹
NAME CASTILLO ELMER NOLBERT. STREET ADDRESS 1950 N. CONGRESS FIVENUE # 401		1.2 NAME		
CITY-ST-ZIP WEST PALM BENCH	FP 33401	1.3 STREET ADDRESS 1.4 City-St-Zip		ù
TITLE VICE PRESIDENT.	DELETE	21 TITLE		Change Addition
	SE DIAVA	22 NAME		
CANGESC BUE TOO		2 3 STREET ADDRESS		
CITY-ST-ZIP WEST PALA BEACH	8, Fl . 33401	2. 4 CITY - ST-ZIP		
TITLE TREASURER	☐ DELETE	3.1 TITLE		Change Addition
NAME CASTILLO DIANA	ess anendem hol	3.2 NAME		
		3.3 STREET ADDRESS		İ
CITY-ST-ZIP WEST PAUL BENK	H, FY. 33401	3.4. CITY-ST-ZIP		
TITLE	T DETELE	4.1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS	į	4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	4.4 CITY+ST-ZIP 5.1 TITLE		Change
NAME	C DETER	5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	;	5.2 NAME 5.3 STREET ADDRESS		Į.
CRTY-ST-ZIP	1	5.4 CITY - ST - ZIP		İ
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME	000000221	12980
STREET ADDRESS		6.3 STREET ADDRESS	-06/16/97011	
City-ST-ZIP		6.4 C/TY - S1 - ZIP	***165.00	
14. I do hereby certify that the information sug	oplied with this filing does not qualify for		stated in Section 119 07/3V// Florida Statutes	L further certify that the

Information indicated on this annual report or supplied with this time does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report as 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:

ONING OFFICER OR DIRECTOR