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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	NUAL REPORT 1997	ORT Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
	JMENT # 3565 L SALES, INC.	576 (9)			,	
ı) (2014) (141) (141) (141) (141)	
Principal Place of Business 3711 N.W. 36 STREET MIAMI FL 33142		Mailing Address 3711 N.W. 36 STREET MIAMI FL 33142-4915	3711 N.W. 36 STREET			
					3. Date incorporated or Qualified 12/10/1969	3a. Date of Last Report 04/23/1996
2. Principal 21	Place of Business	2a. Mailing Address 26			4. FEI Number 59-1388671	Applied For Not Applicable
Suite, Ap 22	ot. #, eta.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St 23	tate	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7 _{(p}	Country 25	Zip 29	30 Cour	ntry	8. This corporation has liability for in	
L		Current Registered Agent	1001		10. Name and Address of New Reg	
DL	AZ, ALBERTO			81 Name		
	647 W. 78 ST.		<u> </u>	B2 Street Add	ddress (P.O. Box Number is Not Acceptable)	
HL	ALEAH FL 33014		Ĺ			
			}	83		ļ
		•	İ	B4 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code
11 Durous	at to the provinces of Sections (607 0602 and 607 1608 Elorida State	too the ab	ove pamed cor	poration sighmits this statement for the nu	FL 35 Zip Code
office o	or registered agent, or both, in the	ne State of Florida. Such change was	authorized	by the corpora	poration submits this statement for the pu ation's board of directors. I hereby accept	the appointment as registered
		ie obligations of, Section 607.0505, F	riorida Stati	nes.	***	
SIGNATURI	Estimature: typed or printed name of regi	stered agent and tide if applicable (NC	TE: Registered	Agent signature requ	ired when reinstating)	DATE
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
1HLF	PTPTPTO	☐ DELETE	1.1 TIT	1		Change Addition
NAME	DIAZ, ALBERTO		1.2 NA	· i		
STREET ADDRES	.s 1547 W. 76 ST. HIALEAH FL			REET ADDRESS		
City+ST-ZIP TiTLE	V	DELETE	1.4 CV 2.1 TIT	Y-ST-ZIP		
NAME	AMADOR, DIANA	Prod Deterio	2,1 (1)			Change Addition 1
STREET ADDRES			22 NA	1	, — M. ; · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
	s 7440 W 17 AVE		2.2 NA 2.3 ST	ME ,		Change Addition
	S 7440 W 17 AVE HIALEAH FL		2.3 ST	me Heet address		Change Addition
CITY: ST-709	HIALEAH FL S	☐ DELETE	2.3 ST	ME REET ADDRESS TY-ST-ZIP	· ·	Change Addition
CITY: ST-72P	HIALEAH FL S DIAZ, MARIA	☐ OELETE	2.3 ST 2.4 CI	ME REET ADDRESS IY-ST-ZIP LE		
CITY: ST-70P	HIALEAH FL S DIAZ, MARIA 1547 W. 76 ST.	☐ DELETE	2.3 ST 2.4 CI 3.1 TIT 3.2 NA	ME REET ADDRESS IY-ST-ZIP LE	,	
CITY: ST-7P TITLE NAME STREET ADDRES CITY-ST-7P	HIALEAH FL S DIAZ, MARIA		2.3 ST 2 4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4 CI	ME , REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP		-: Change Addition
CHY-ST-79 TILE NAME STREET ADORES CITY-ST-749 TILE	HIALEAH FL S DIAZ, MARIA 1547 W. 76 ST.	☐ DELETE	23 ST 2 4 CI 3.1 TIT 32 NA 33 STI 3.4 CI 4.1 TIT	ME , REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE	,	
CHY-ST-ZP TITLE NAME STREET ADDRES CITY-ST-ZP TITLE NAME	HIALEAH FL S DIAZ, MARIA 1547 W. 76 ST. HIALEAH FL		23 ST 2 4 CI 3.1 TIT 32 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NA	ME , REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME		-: Change Addition
CHY-SI-ZP TITE NAME STREET ADDRES CHY-SI-ZP TITE NAME STREET ADDRES	HIALEAH FL S DIAZ, MARIA 1547 W. 76 ST. HIALEAH FL		2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 STI 3.4. CI 4.1 TIT 4.2 NA	ME , REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS	,	-: Change Addition
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CHY-SI-724 TITLE NAME STREET ADDRES CHY-SI-746 TITLE NAME STREET ADDRES CHY-SI-716 TITLE NAME STREET ADDRES CHY-SI-776 TITLE NAME STREET ADDRES CHY-SI-776 TITLE	HIALEAH FL S DIAZ, MARIA 1547 W. 76 ST. HIALEAH FL	☐ DELETE	2 3 ST 2 4 CI 3.1 TIT 3.2 NA 3.3 ST 4.1 TIT 4.2 NA 4.3 STI 5.1 TIT 5.2 NA 5.3 ST 5.4 CI 6.1 TIT 6.2 NA	ME , REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE		Change Addition Change Addition Change Addition

14. 1 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 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 15 1997 8:00am

305-635-5070

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