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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 388587

(8)

MIAMI EN SUS MANOS, INC.

Principal Place of Business Mailing Address 5742 SW 7TH ST. STE 204 5742 SW 7TH ST. STE 204 MIAMI FL 33144 MIAMI FL 33144-3900 3a. Date of Last Report 02/19/1996 3. Date Incorporated or Qualified 09/20/1971 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1476033 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PINEIRO, MIGUEL 2381 WEST FLAGLER ST. **B2** Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** 83 64 City Zip Code 11. Pursuant to the provisions of Sections 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 Signature typica or product not a lot registered agent and title diapprocable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE THTL€ 1.1 TITLE Change ___ Addition PINEIRO.MIGUEL NAME 1.2 NAME 2381 WEST FLAGLER STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL C(TY-S1-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change 21 TITLE Addition TALLEDA.HILDA NAME 2.2 NAME 5177 WEST FLAGLER STREET STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY - ST - ZIF 2 4 CITY - ST - ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIF 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST- ZIP TITLE DELETE 5.1 TITLE ☐ Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

information indicated on this annual report or supplemental annual report is to eand 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 of the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the