## 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

1. Corporation	n Name	# 4579 Ering Cori		N	(4)								
Principal Place 9060 N.W. 8TH 510 MIAMI FL 3317	ST.		Mailing Address 9060 N.W. 8TH ST. 510 MAMI FL 33172-3310						3. Date Incorporated or Qualified 3a. Date of Last Report				
US			US					3.	<ul> <li>Date Incorporated or Qualified 09/17/1974</li> </ul>		e of Last Re <b>9/1996</b>	aport i	
2. Principal Place of Business 11 1967 Cormoranz Ct. Suite, Apt. #, etc.				26. Mailing Address 26. 19 67. Cormban. Suite, Apt. #, etc.			ANT	Cr	_	FEI Number 59-1553517 Certificate of Status Desired		Ap	plied For ht Applicable Additional
APT SLY				27 Apt \$24						····	Ll	Fee Re	<del></del>
City & State  23 CLB ARWATER FL				City & State  CLEARWATER				FL	6.	Election Campaign Financing     Trust Fund Contribution		<b>\$5.00</b> Added t	
71p 34 6					1622	30	Country	PINELLAL Florida Statutes			ly for intengible tax under s. 199.032.  Yes No		
9. Name and Address of Current Registered Agent SANCHEZ, EDUARDO 81 Name									10.	, Name and Address of New F	legistered A	gent	
	EDGEWATER					62		ddroee (	iress (P.O. Box Number is Not Acceptable)				
COF	VAL GABLES					Ľ.	SIEBLA	nouless (ro., box raumoer is rapt Agoeptable)					
						83							
				84	City			FL	85 Zip (	Code			
SIGNATURE										on submits this statement for the board of directors. I hereby acc	purpose of c ept the appo	thanging its	s registered registered
12.	Signature, typed or protect name of registered agent a OFFICERS AND I						Rogistered Agent signature requir			ADDITIONS/CHANGES TO OFF		DIRECTOR	S IN 12
180	PT	* -		DELETE			1.1 TITLE		PT		Ţ	Change Change	Addition
NAMI	ANRRIGH, RAFAEL 9080 N.W. 8TH ST., APT. 510						1.2 NAME		AHE	RKH, RAFABL	~ ^4	Y \$ 2 T	
STREET ADDRESS  CHY-ST-ZIP	MIAMI FL	יי פווו פויי ארי	1. 310			- 1	1.3 STREET 1.4 CITY-5	- (	146	T CORMORANT C	u 4 2.2.	_	
THE					DELETE		2.1 TITLE	51-2"	, 06	466001100		Change	Addition
NAME							22 NAME						
STREET ACTURESS							2.3 STREET						
CHY-SI-ZIP THUE					DELETE		2. 4 CITY- 3.1 TITLE	ST-ZIP			T	Change	Addition
NAM <del>i</del>					tree Detret		3.2 NAME				Ļ	orkings	M Vacinali
STREET ADORESS								ADDRESS					
CHY-ST-7.P							3 4. CITY -	ST-ZIP					<b></b>
THUE					☐ DELETE	ł	4.1 TITLE	1			Ī	Change	Addition
NAM/ STREET ADD/21/5						1	4, 2 NAME 4 a street	ADORESS					
OTA- St. Stb.							4.4 CITY - S						
1041					DELETE		5.1 TITLE					Change	noitibbA
NAME							5.2 NAME	[					
STREET AUDRESS						1	53 STREET						
CHY-ST-7IP					DELETE		5.4 CITY - 9	ST-ZIP				Changa	Addition
TILLE					בן שנגנונ		6.1 TITLE				i.	Change	Addition
NAME STREET ADDRESS						1	6.2 NAME	ADDRESS					
CITA 21 SE						ł	6.4 CITY - 9	1					
14. I do heret	y certify that	the information s	upplied with	this filing	does not qu	alify for	the exe	emption sta	ted in Se	ection 119.07(3)(i), Florida Statu	tes. I further	certify that	the
Lam an ol	lficer or direc	n this annual rep tor of the corpora Block 13 if chan	ation or the r	receiver or	trustee emp	oovered	I to exec	cute this re	port as r	signature shall have the same le required by Chapter 607, Florida	yai eirect as i Statutes; and	d that my n	ame amin; that

SIGNATURE:

0231965

**FILED** 

Apr 14 1997 8:00am

Secretary of State