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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 471268

(3)

Suite, Apt #, etc. 27 City & State City & State 28 Country Country Country Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for In	Principal Place of Business Mailing Address 1231 LINCOLN ROAD 1231 LINCOLN ROAD MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-2314									
Suite, Apt #, etc. Suite,							3a. Date of 1			
City & State Country Zip Country Zip Country A This corporation has liability for in Florida Statutes 9. Name and Address of Current Registered Agent LOMBA, RAQUEL 885 W 76 ST HIALEAH FL 33014 881 Name Street Address (P.O. Box Number is Not Acceptable agent of registered Agent agent in the State of Florida Statutes 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes Street Address (P.O. Box Number is Not Acceptable agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept agent, I am tamihiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or profess and profess and differenced agent and title it applicable (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE TITLE DS LOMBA, RAQUEL STREET ADDRESS 695 W 78 ST HIALEAH, FL 0 DELETE 21 TITLE NAME LOMBA, TINO COUNTY A STREET ADDRESS CITY - ST - ZIP DELETE 21 TITLE 22 NAME		Place of Business						Applied For Not Applicable		
Trust Fund Contribution Zip Country Zip Country Zip Country Zip Country Zip Country Zip Signature, typind or printer name of registered agent and title d applicable Signature, typind or printer name of registered agent and title d applicable Signature, typind or printer name of registered agent and title d applicable OFFICERS AND DIRECTORS TITLE DELETE TITLE NAME Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Eviporation has liability for In Florida Statutes Si Trist Fund Contribution Street Address of New Region 10, Name and Address of New Region 10, Name and Address of New Region 10, Name and Address of New Region 11, Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purposition of registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typind or printen name of registered agent and title d applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE TITLE DS LOMBA, RAQUEL 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CHY- ST- ZIP HIALEAH, FL 0 1.4 CITY- ST- ZIP TITLE P LOMBA, TINO DELETE 2.1 TITLE NAME LOMBA, TINO	22	•	F			5. Certificate of Status Desired	1 7 7	1.75 Additional ee Required		
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purifice or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or profess name of registered agent and title displicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE TITLE DS	Z _i p	25	29		у	Florida Statutes	Yes No			
## Street Address (P.O. Box Number is Not Acceptable ## Street Address (P.O. Box Number is Not Acceptable ## City ## C		g. Name and Address of Cu	irrent Registered Agent			10. Name and Address of New F	egistered Agent			
SIGNATURE Signature, typod or proteo name of registered agent and title of applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE TITLE DS LOMBA, RAQUEL 1.2 NAME STREET ADDRESS G95 W 76 ST HIALEAH, FL 0 DELETE 1.4 CITY-ST-ZIP TITLE P DELETE 21 TITLE DELETE 22 NAME 22 NAME	11, Pursuan office or agent I	nt to the provisions of Sections 607 registered agent, or both, in the S Lem tamitar with and accent the o	2.0502 and 607.1508, Florida Statut Shipped Statut Such change was a Shipped Society of Section 607.0505. Fix	84	City	poration submits this statement for the tion's board of directors. I hereby acc	FL 85 purpose of chan ept the appointm	Zip Code ging Its registered ent as registered		
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CITY - ST - ZIP	THEE NAME STREET ADDRESS		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS	,		hange Addition		

CITY - ST - ZIP 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 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 attackingent with an address.

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

NAME

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP TITLE

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Apr 23 1997 8:00am

Secretary of State