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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 473910

(8)

AMERICAN SOD OF MIAMI, INC.

Secretary of State

FILED

May 05 1997 8:00am

|--|--|

Principal Place of Business 3205 S.W. 25TH TERRACE MIAMI FL 33133		Mailing Address				1 regills miðlit rangs cittik tesiki ringti miðir miðir miðir minni miðir miðir miðir miðir þiðir			
			3205 S.W. 25TH TERRACE MIAMI FL 33133-2019						
						3. Date Incorporated or Qualified 04/10/1975	3a. Da	ate of Las 16/199	st Report
2. Principa!	Place of Business	2a, Mailing Addres	8			4. FEI Number	<u> </u>		Applied For
1		26				59-1594863			Not Applicat
Suite, Apt	t #, etc.	Suite, Apt. #, et	c.			5. Certificate of Status Desired			5 Additional Required
City & Sta	ate	City & State			······································	6. Election Campaign Financing			00 May Be
3		28				Trust Fund Contribution			ed to Fees
Zip	Country	Zip	c	ountry	,	8. This corporation has liability for	ntangible	tax unde	er s. 199,032,
4	25	29	30				Yes		
	g. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	gistered	Agent	
	ONZALEZ, HECTOR M.			81	Name				
	05 SW 25TH TERRACE			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	·····	***************************************
ML	AMI FL 33133			83					
				0.3					
				84	City		FL	85	Zip Code
office or agent 1	r registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change gations of, Section 607.05	was authori 05, Florida S	zed by	the corpora s.	poration submits this statement for the particular to the particular to the position's board of directors. I hereby acceptions	of the app	xointment	as registered
SIGNATURE	Signature, typod or printed name of registered a	geal and two it applicable	(NOTF: Begist	ered An	ent sinnalure requi	ired when reinstating)	DATE		
12.		ND DIRECTORS	1:		on was a reduced	ADDITIONS/CHANGES TO OFFIC		DIRECT	FORS IN 12
TITLE	\$	DELE		TITLE				Chan	
NAM!	GONZALEZ, AYMEE		1.3	2 NAME	}				
FREET ADDRESS	s 3205 SW 25TH TERR		1.3	3 STREET	ADDRESS				
CITY - ST - ZIP	MIAMI FL		1.0	4 CITY-S	ST-ZIP				
THILE	P	DELE	TE 2.	1 TITLE				Char	ge 🔲 Additi
NAME	GONZALEZ, HECTOR R.		2.3	2 NAME					
STREFT ADDRESS	1		23	STREET	ADDRESS				
OTY-ST-ZIP	MIAMI FL			4 CITY-	ST-ZIP				
TITLE	VP	☐ DELE	TE 3:	1 TITLE	ļ			Chan	ge 🔲 Additi
MAME:	GONZALEZ, HECTOR M.		3.	2 NAME				-	
STREET ADDRESS			3.3	3 STREET	ADDRESS				
CITY-S1-ZIP	MIAMI FL.	Tour		4. CITY-	ST-ZIP		··	1 05-	
THTLE		DELE		1 TITLE				L Char	ige 🔲 Additi
NAME				2 NAME	ſ				
STREET ADDRESS	s				ADDRESS				
CITY - S1 - ZIP		DELE		4 CITY - S	ST - ZIP			Char	ge Additi
TITEE Marau	+	L. pttt	•	1 TITLE 2 NAME		÷		القانات بين	K 1000
NAME Etores appolés	e				LYDODEGG				
STREET ADDRESS	· [I ADDRESS				
CITY - ST - ZIF TITLE		DELE		4 CMY-9 1 THTLE	S1 - ZIP			Char	ige
		PECE						القدان تيـــ	₩ <u> </u>
NAME Crocer about the	e			2 NAME 2 STREET	T ADDRESS				
STREET ADDRESS	3								
CHY-ST-ZIP	1		6.	4 CITY - S)1-ZIP				

14. Ido 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 porporation or the receiver or trustpe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

SIGNATURE: