## 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

DOCUMENT # 476769

(5)

**FILED** Jan 14 1997 8:00am Secretary of State

Principal Place 7148 SW 8TH S MIAMI FL 33144	<b>ST</b> .	Mailing Address 7148 SW 8TH ST, MIAMI FL 33144-4652							
						3. Date Incorporated or Qualified 05/27/1975	3a. Date of La 04/02/199		
	lace of Business	2a. Mailing Address	F1			4. FEI Number Applied For			
Suite, Apt #, etc		Suite, Apt. #, etc.				59-1623700   Not Applicable   \$8.75 Additional			<u>le</u>
22		27	- Print			Certificate of Status Desired     Fee Required			
City & State		City & State	- t			6. Election Campaign Financing \$5.00 May Be			
<b>Z</b> ip	Country	28 Zip	T - Co	untry		Trust Fund Contribution		led to Fees	
24	25	29	30	шиу		8. This corporation has liability for in Florida Statutes	ntangible tax und ] Yes 🏻 No	er s. 199.032,	- 1
	g. Name and Address of Curre					10. Name and Address of New Registered Agent			
KRA	USE, DAVID M			81	Name			<del></del>	
	BRICKELL AVENUE			82	Street Addre	ess (P.O. Box Number is Not Acceptab	[p]		$\dashv$
	E 1501				Sireet Addire	ess (i.e. box homber is not acceptac			
MIAM	VII FL 33131			83					$\overline{}$
				84	City		<b></b> 85	Zip Code	$\dashv$
			···		•		FL	•	
11. Pursuant I	to the provisions of Sections 607.05	502 and 607.1508, Florida Stat te of Florida, Such change wa	tutes, the a	above-	named corp	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changi	ng its registere	d
agent I a	m famil ar with, and accept the obli	gations of, Section 607.0505,	Florida Sta	atutes.	o corporati	on a board of choosers. Thoroby 2000p	n me appointmen	, as logicalos	
SIGNATURE									_
	Signative, typical or panted name of registered a Completing As	gert and intellifaciple (N ND DIRECTORS	iO1£. Register 13.		: signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	TODS IN 10	
<b>12.</b> TITLE	P Ornorns A	·	DELETE 1.1 TITLE			ADDITIONS/CHANGES TO OFFIC	Cha		on I
NAMÉ	PICHS, JULIO	<del>-</del>		12 NAME					
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CITY - ST-ZIP				CITY-ST					-

14. To 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 perporation of 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 Lichangod, or an attachment with an address.