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 # 494264

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97 MAY -	1	AM	8:	10
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TALLAHAS	SE	E. F		RIDA

APPROVED

Principal Place of Business 2300 CORAL WAY MIAMI FL 33145 Malling Address 2300 CORAL WAY MIAMI FL 33145									
						3. Date incorporated or Qualified 01/29/1976	3a. Date of L 05/01/19		
	ace of Business CORAL WAY	2a. Mailing Address 26 2300 CORAL	WAY		i	4. FEI Number : 59-1682841		Applied For Not Applicab	
Suite Apt (Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 -	.75 Additional ee Required	
City & State	FLORIDA	City & State MIAMI FLOR	IDA			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees	
7ір 24] 3314 5	Country 25 US 9. Name and Address of Curre	Zip 29 33145	30 US	intry		8. This corporation has liability for in Fiorida Statutes 10. Name and Address of New Re-	Yes No	der s. 199.032,	
2300 #200 MIAN	AI FL 33145		lutes, the all	83 84 City	Addres	ration submits this statement for the p	EI 85	Zip Code ging its registere	
SIGNATURE	Signature, Med or printed name of registered ag	- Land	TATABLE I	MATCIA	/ YOU	PEZ , PRES when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIETO, ROSAURA 3030 N.W. 26TH ST. MIAMI FL	DELETE	1.1 T/ 1.2 N/ 1.3 S/						
THEE NAME STREET ADDRESS ONLY SE-ZIP	DT LOZANO, BARBARA B. 3032 N.W. 28TH ST. MIAMI FL	☐ DELETE	2.1 T; 2.2 N; 2.3 S1	TLE.	303	/s. Lozano barbara e 2 n.w. 26 Th st MI FLORIDA.	. □ Cr	ange 🔲 Additio	
THLE NAME STREET ADDRESS CITY-ST-ZIP	P LAZARO, MARTINEZ 3032 NW 26TH STREET MIAMI FL	☐ DELETE			303	E/P. LAZARO MARTINEZ 2 N.W.26TH ST MI FLORIDA.	□ Cr	ange 🔲 Additio	
TIPLE SHAME SHREFT ADDRESS OTY-ST-7-P		☐ DELETE	4.1 T(4.2 N 4.3 ST	TLE		7000021 -05/06/	L6850 97-0113	ファー 1 3012	
MILE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TI 5.2 NJ 5.3 ST	TLE		****1E	5.08 <u>⊢</u>*∦	** 165, 00	
TITLE NAME STREET ADORESS CHY-ST-ZEP		DELETE	6.1 TI 6.2 N/ 6.3 ST	TLE	B	1511	O	ange 🔲 Additio	

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 comporation or the receiver or trustee empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or on an attachment with an address.

SIGNATURE;x

Daytime Phone #

0209040