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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 507906

121

MACIAS		Mailing Address 2611 DAVIE BLVD FT LAUDERDALE FL 333124	3029			
				3. Date Incorporated or Qualified 07/28/1976	3a. Date of Last Report 05/01/1996	t
	Prace of Business	2a. Mailing Address 26		4. FEI Number 59-1680672	Applied Not Ap	d For
Suite, Apt.	. #, etc	Suite, Apt. #, etc.	,	Certificate of Status Desired	\$8.75 Addit	lional
City & Sta	10	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May	/ Be
Zip	Country 25	Zıp	Country 30	B. This corporation has liability for		
<u> </u>	9. Name and Address of Curr			10. Name and Address of New R		
	CIAS, MANUEL J.		81 Name			
	11 DAVIE BLVD. LAUDERDALE FL 33312		62 Street Addr	ess (P.O. Box Number is Not Accepta	ble)	
			83			
			84 City		FL 85 Zip Code	9
office or agent. It	registered agent, or both, in the Sta am femiliar with, and accept the obl Spreadure, typical or pinted name of improved	te of Florida Such phanoe was a igations of Section 607.0505, Florigations and tele if applicable.	uthorized by the corporation Statutes	poration submits this statement for the ion's board of prectors. I Tiereby acce	pt the appointment as regin	slered
12.	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI		Addition
NAME	MACIAS, MANUEL J.		1.2 NAME		change t	, rounion
STREET ADDRESS	6960 NW 24TH CT		1.3 STREET ADDRESS			
CITY - \$1 - ZIP	SUNRISE FL		1.4 CITY-ST-2IP			
TILLE	P	☐ DELETE	21 TITLE		Change	Addition
NAME	MACIAS, ROBERTO 6960 NW 24TH CT		22 NAME			
STREET ADORESS CITY-ST: ZIP	SUNRISE FL		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
TITLE	- OOTHINGE 1 E	DELETE	3.1 TITLE		Change	Addition
EMA/			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CiTY - ST - ZiP		T priese	3.4 CITY-ST-ZIP		[] (harana	4 0400
MILE		DELETE	4.1 TITLE		Change	Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	1		
STREET ADORESS CITY: ST-ZIP			4.3 STREET AUDRESS 4.4 CITY - ST - ZIP		•	
THLE		DELETE	5.1 TIYLE		Change	Addition
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS	÷,		
CITY - \$1 - 70P			5.4 City-ST-ZiP			4
MUF		☐ DELETE	6.1 TITLE	•	Change	Addition
NAME			62 NAME		•	
\$18651 ADDRESS			6 3 STREET ADDRESS		,	
City St-ZiF	by certify that the information supp	lied with this filing does not qualify	6.4 CITY-ST-ZIP for the exemption stated	d in Section 119.07(3)(i), Florida Statut	es I further certify that the	
informati Lam an e appears	on indicated on this annual report of officer or director of the corporation in Block 12 or Block 13 if chapged.	r supplemental annual report is tri or the receiver or trustee empower or on an attachment with an addi	ue and accurate and that ered to execute this repor- ress.	my signature shall have the same leg at as required by Chapter 607, Florida	al effect as if made under of Statutes; and that my name	oath; thai

954-581-0837

01/27/97

FILED

May 12 1997 8:00am

Secretary of State

0271382