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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 526007

(0)

		Mailing Address 8571 CORAL WAY MIAMI FL 33155-2335					
	•			3. Date Incorporated or Qualified 02/16/1977		ate of Last F 21/1996	Report
	Place of Business	2a. Mailing Address		4. FEI Number			oplied For
Suite, Apr	t # etc	Suite, Apt. #, etc.		59-1707435			ot Applicable Additional
22		27		5. Certificate of Status Desired	风		equired
City & Str	ale	City & State		6. Election Campaign Financing			Мау Ве
23	Country	28 Zin	Country	Trust Fund Contribution	<u>u</u>		to Fees
Z ₁ p	Country 25	Zip	30	8. This corporation has liability for Florida Statutes		itax under s ∐ No	3. 199.032.
-	9. Name and Address of Cur		1001	10. Name and Address of New R			
ĊН	IÀIT, NUCHIN		81 Name	Elsa Martin			
	71 CORAL WAY		82 Street Add	dress (P.O. Box Number Is Nor Accepta	ble)		
MI	AMI FL 33155		63	8571 Coral W	oy_	· · · · · · · · · · · · · · · · · · ·	
•			°°	Miami FL	/		
i			84 City		FL		Code 3/95
11. Pursuan	nt to the provisions of Sections 607.0	0502 and 607.1508, Florida Stati	utes, the above-named co	rporation submits this statement for the			ts registered
office or	r registered agent, or both, in the St	ate of Florida Such change was	s authorized avvine corpora	ation whether and of discourse I haraby according	nt the and	pointment as	registered
		digations of Section 607 0505. I	Florida Statutes	alight board of directors, I hereby acce	, p. v. v. o 44 k		
	- 1- 1		Florida Statutes	rporation submits this statement for the ation depart of directors. I hereby acce	£	doll	97
SIGNATURE	Signature, typed or pented name of registered	agent and little if applicable (No	JTE: Registered Agent signature requ	ulred when reinstating)	DATE	1/01/	97
SIGNATURE	Signature, typind or printed name of regulating OFFICERS	l agent and little / applicable (N	UTE: Registered Agent signature requ	uired when reinslating) ADDITIONS/CHANGES TO OFF	DATE	// 0 // D DIRECTO	97 RS IN 12
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14. Too 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 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 or Chapter 607, or on an attendment with an address.

SIGNATURE

AMIL REQUIRED

4/61/97 (305) 262-5793

FILED

May 19 1997 8:00am

Secretary of State

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