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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 539035

(6)

FILED Apr 08 1997 8:00am Secretary of State

Principal Place of Business Principal Place of Business 1940 SW 6TH ST MIAMI FL 33135-3366 US Mailing Address 1940 SW 6TH ST MIAMI FL 33135-3316 US							
					3, Date incorporated or Qualified 07/12/1977	3a. Date of L 07/05/19	
	lace of Business	2a. Mailing Addre	ess		4. FEI Number . 59-1761209		Applied For
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.		5, Certificate of Status Desired		.75 Additional
City & Stat	ρ	27 City & State			A Slanta Caracia Discoula		ee Required
23]	C	28			. 6. Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip	Country	Zip		Country	8. This corporation has liability for	or intangible tax un	
24	25	29	30			Yes No	
		Current Registered Agent		81 Name	10. Name and Address of New I	Registered Agent	
DEL PINÓ,ROGELIO A.,ESQ. 1401 WEST FLAGLER ST. MIAMI FL				82 Street Ad	ass (P.O. Box Number is Not Acceptable)		
				84 City		FL 85	Zip Code
11. Pursuarit office or i agent 1 a	to the provisions of Sections 6 registered agent, or both, in thim familiar with, and accept the	607.0502 and 607.1508, Florid he State of Florida, Such chan he obligations of, Section 607.0	da Statutes, th ge was autho 0505, Florida	ne above-named co orized by the corpor Statutes.	orporation submits this statement for the ration's board of directors. I hereby acc	purpose of chang	ging its registered ent as registered
11. Pursuarit office or i agent 1 a SIGNATURE	registered agent, or both, in the familiar with, and accopt the Stylanov, typed or profed name of register.	he State of Florida, Such chang the obligations of, Section 607.6 estered agont and title if applicable.	ge was autho 0505, Florida	ne above-named co rized by the corpor Statules.	ration's board of directors. I hereby accurately accurately the reinstating.	purpose of changept the appointment	ent as registered
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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 or 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 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR