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 # 540463

MIAMI-SEVENTH CORP.

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Principal Place of Business	Mailing Address	
MJUAN MARTINEZ	%JUAN MARTINEZ	

FILED Aug 18 1997 8:00am Secretary of State



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Principal Place of Business Mailing Address **JUAN MARTINE2												
MIAMI FL 9318	33		MIAMI FL 33183-	1941				Incorporated or Qualified 0/1977		ite of Last R 23/1996	leport	
2. Principal P	lace of Business		2a, Mailing Add	ress			4, FEIN	umber 1788809		<u> </u>	oplied For of Applicable	
Suite, Apt. #, etc.			· +	Suite, Apt #, etc.				SR 75 Addition				
22			27				b. Cerin	icate of Status Desired		Fee Re	equired	
City & State	е		City & State			I	on Campaign Financing	· · · · · · · · · · · · · · · · · · ·				
23 Zip		Country	28 Zip		ountr			Fund Contribution			to Fees	
24	25	Codinity	29	30	OO III	у	I	corporation has liability for a Statutes		tax under s T No	. 199.032,	
		Address of Current						and Address of New R				
MAF	RTINEZ, JUAN				81	Name/	aring	2, Blanca	4			
	50 SW 62 STR				82	Street	Address (P.O. Bo	x Number is Not Apopta	سروس (علا			
	T 505						250 5	W. 67 JD. 7	70			
MIA	MI FL 33183				83	1						
					84	Cily	ligati		F1	85 Zin	Code,	
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11. Pursuant office or r	registered agent,	or both, in the State o	Florida Such char	nge was authori	zed b	y the corp	corporation subroration's board i	nits this statement for the of directors. I hereby acco	purpose of opt the app	ointment as	registered	
	The Barre		ions of, Section 607	.0505, Florida S	tauro	s. M	natta		_/2	-9	7	
SIGNATURE		led name of registered agent		(NOTE: Royisi	ered Ag	en signalure	roquired when reinstati	×	DATE:	2-97		
12.		OFFICERS AND	DIRECTORS	1:	3.		ADDIT	ONS/CHANGES TO OFFI	CERS AND	DIRECTOR		
TIFLE	PD		D	ELETE 1.º	TITEF					Change	☐ Addition	
NAME	CLO, ALFRE) 0		1.2	NAME							
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CITY-ST-ZIP	HORIZONTE SD	Dn			CITY	ST-ZIP			-	Change	Addition	
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NAME	MARTINEZ, J			3.2	NAME		MARTIN	res, Blanc	4			
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CITY-ST-ZIP	MIAMI FL				. CITY-	ST-ZIP	MIAMI!	M. 33183	<u> </u>			
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NAME				6.2	NAME							
STREET ADDRESS				6.3	STREET	I ADDRESS						
CITY-ST-ZIP			·····		CITY-							
14 I do herel	by certify that the	information supplied	with this filing does	not qualify for th	ne eve	emption et	tated in Section 1	19 07(3)(i) Florida Statuti	e I further	certify that	the	

I have been supposed when the minimation supplied when this mining tubes not quality for the exemption stated in section 119.07(3)(f), Florida Statutes. 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.