## 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 # 540681** 

(4)

**FILED** Feb 05 1997 8:00am Secretary of State

Principal Place	DE LEON BLVD.	Mailing Address 3211 PONCE DE LEON SUITE 303 CORAL GABLES FL 33				
				3, Date Incorporated or Qualified 07/01/1977	3a. Date of La 01/24/19	ast Report <b>96</b>
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number 59-1750222		Applied For
Suite, Apt	#, etc	Suite, Apt. #, etc.			\$8.	Not Applicable 75 Additional
2		27		6. Certificate of Status Desired	Fe	e Required
City & State	ę	City & State		6. Election Campaign Financing		.00 May 8e ded to Fees
Z <sub>ID</sub>	Country	28 Zip	Country	Trust Fund Contribution  8. This corporation has liability for		
4	25	29	30	Florida Statutes	Yes No	
	9, Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	ichez, hector 1  ponce de leon blvd. St	F 303				
CORAL GABLES 33134		L 000	82 Street Ad	dress (P.O. Box Number is Not Acceptate	bie)	
-			63			
			84 City		65	Zip Code
			!		FL   "	
11. Pursuant office or r agent 1 a	to the provisions of Sections 607.06 egistered agent, or both, in the Sta in familiar with, and accept the obli	502 and 607.1508, Florida State of Florida Such change with a Such change with the subjection for the subjec	atutes, the above-named co as authorized by the corpor Florida Statutes.	orporation submits this statement for the pration's board of directors. I hereby acceptation	purpose of chang pt the appointmen	ing its registered nt as registered
SIGNATURE	Signature, typed or printed name of registered a OF FICERS A	igent and idle if applicable (	NOTE Registered Agent signature rec		DATE CERS AND DIREC	CTORS IN 12
SIGNATURE  12. TITLE	Signature, type-1 or pented name of repotered a OF FICERS A	igent and little if applicable {	NOTE Registered Agent signature rec 13. 1.1 TITLE	pured when reinstaling)	DATE	CTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or perited name of repotered a OF FICERS A PA SANCHEZ, HECTOR J	igent and idle if applicable (	NOTE Registered Agent signature rec  13.  1.1 TITLE  1.2 NAME	pured when reinstaling)	DATE CERS AND DIREC	CTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, type-1 or pented name of repotered a OF FICERS A	igent and idle if applicable (	NOTE Registered Agent signature rec  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	pured when reinstaling)	DATE CERS AND DIREC	CTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered a OF FICERS A PA SANCHEZ, HECTOR J 1515 SARRIA AVE	igent and idle if applicable (	NOTE Registered Agent signature rec  13.  1.1 TITLE  1.2 NAME	pured when reinstaling)	DATE CERS AND DIREC	CTORS IN 12 Inge Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature, typed or printed name of registered a OF FICERS A PA SANCHEZ, HECTOR J 1515 SARRIA AVE	igent and liste if applicable ( IND DIRECTORS DELETE	NOTE Registered Agent signature rec  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DTY - ST - ZIP	pured when reinstaling)	DATE CERS AND DIREC	CTORS IN 12 Inge Addition
SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE	Signature, typed or printed name of registered a OF FICERS A PA SANCHEZ, HECTOR J 1515 SARRIA AVE	igent and liste if applicable ( IND DIRECTORS DELETE	NOTE Registered Agent signature rec  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 DTY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	pured when reinstaling)	DATE CERS AND DIREC	CTORS IN 12 Inge Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-SI-7IP  TITLE  NAME  SIREET ADORESS  CITY-ST-ZIP	Signature, typed or printed name of registered a OF FICERS A PA SANCHEZ, HECTOR J 1515 SARRIA AVE	gent and liste if applicable (IND DIRECTORS DELETE	NOTE Registered Agent signature rec  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 DTY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP	pured when reinstaling)	DATE CERS AND DIREC Che	CTORS IN 12 Inge Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  GITY-SI-7IP  TITLE  NAME  SIRRET ADDRESS  CITY-ST-7IP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signature, typed or printed name of registered a OF FICERS A PA SANCHEZ, HECTOR J 1515 SARRIA AVE	gent and liste if applicable (IND DIRECTORS DELETE	NOTE Registered Agent signature rec  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	pured when reinstaling)	DATE CERS AND DIRECT Cha	OTORS IN 12 Inge Addition Inge Addition
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I do mercity despite the morrhador supplied with this limit does not qualify in the exemption stated in Section 118.07(3)(), Frontas statutes. Therefore the following 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 if chapter on an attachment with an address.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0181477