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

PROFIT CORPORATION' **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 29 1997 8:00am

ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS		Secretary of State	
DOCUME 1. Corporation Na NATIONAL		13080 JSTRIES, INC.	(6)			
Principal Place of Business 1810 NW 18TH ST MIAMI FL 33125			Mailing Address 1810 NW 18TH \$T MIAMI FL 33125-1408			
					3. Date Incorporated or Qualified 08/16/1977	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 21			2a. Mailing Address 6		4. FEI Number NOT APPLICABLE	Applied For Not Applicat
Suite, Apt. #, et	c.	2	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		2	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Addeal
Zip 24	Count 25	ry 2	<i>Z</i> ip 9	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032] Yes □ No
	Name and Addr S, MINERVA (MF	ess of Current Re	gistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
8800 SW 83RD CT MIAMI FL 33183				82 Street Add	dress (P.O. Box Number is Not Acceptab	(e)
				84 City		FL 85 Zip Code
agent. I am ta SIGNATURE Signa 12.	miliar With, and ac	copt the obligations or of registered agent and DEFICERS AND DIF	s of, Section 607.0505, Fille it applicable. (NC	Iorida Statutos. II Registerea Agent signature requ	rporation submits this statement for the pation's board of directors. I hereby according when reliasteting) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
STREET ADDRESS 12	RMIN, ADA 1832 SW 62ND I IAMI FL	N	LJ DELETE	1.1 TITLE 1.2 NAME 1.3 STHEET ADDRESS		[] Change
TITLE T NAME FI STREET ADDRESS 18	ERMIN REGINA 110 NW 18 ST IAMI FL		☐ DELETE	14 CITY-ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS		Change Add
TITLE S. NAME PI STREET ADDRESS A.	EREZ AMADOR I L 13 RIO LAJAS O HONDA II		DELETE	2. 4 CHY-S1-ZIP 3.1 THE 3.2 NAME 3.3 SHEET ADDRESS		Change Add
TITLE P NAME FE STREET ADDRESS 18	RMIN, JOSE C. 10 N.W. 18TH S		DELLTE	3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Add
TITLE NAME STREET ADDRESS :	ì		☐ DELETE	4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Add
OH OT EN	Are the second		DELFIE	5.4 CHY-SI-ZIP 6.1 HILLE G.2 NAME 6.3 STREET ADDRESS		Change Add

14. I do 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 frue and accurate and that my signature shall have the same legal effect as if made under eath; 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.

6.4 CHTY- \$1 - ZIP