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

Principal Place of Business Mailing Address Perincipal Place of Business Principal Place of Business Mailing Address Perincipal Place of Business Principal Place of Business Mailing Address Perincipal Place of Business Principal Place of Business Mailing Address Perincipal Place of Business Principal Place of Business Principal Place of Business Principal Place of Business Principal Place of Business Perincipal Place of B								
		05			3. Date Incorporated or Qualified 10/26/1977	1	te of Last R 23/1996	eport
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	1 4.7.		plied For
1		26			59-1775409			t Applicable
Suite, Apt.	#, QIC	Suite Apt. #, etc.			5. Certificate of Status Desired		\$8.75 . Fee Re	Additional
City & State	3	City & State			6. Election Campaign Financing			
3		28			Trust Fund Contribution		\$5.00 Added	
Ζιp	Country	Zip	Countr	У	8. This corporation has liability for	intangible		
4	25	29	30		Florida Statutes	∏ Yes [] No	
	9. Name and Address of Cur	rent Registered Agent	81	II Nama	10. Name and Address of New R	egistered /	Agent	
	(NE, ROBERT		6	l Name				
	5 SW 87 AVENUE		82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
Młami FL 33174			83	<u> </u>				
			84	City		FL	85 Zip	Code
SIGNATURE	Sguiz, špotecam trisskitujstend OFFICERS.	agerland tries appleable (601			tion's board of directors. I hereby acce ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE		
Title	P\$	☐ DELETE	1 1 TITLE				Change	Addition
NAME	EGUSQUIZA, JULIO		1.2 NAME		-			
STREET ADDRESS	2890 SW 130 AV		1.3 STREE	T ADDRESS				
CHTY - ST - ZIP	MIAMI FL	Lonere	1.4 CITY-				1 1 2	
THIE	EGUSQUIZA, JOHN	DELETE	2.1 TITLE				Change	L Addition
NAME STREET ADDRESS	2890 SW 130 AV		2.2 NAME	T ADDRESS				
CHTY - S1 - ZIF	MIAMI FL		2 4 CITY		•			
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STREET ADDRESS			3 3 STREE	ET ADDRESS				
C(TY+S1+Z)P		·	3.4 CITY	- ST-ZIP			-	
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THE		DELETE	6.1 TITLE				Change	Addition
NAMÉ			6 2 NAME				-	
STREET ADDRESS			63STREE	ET ADDRESS				
CITY - ST- ZIP			6 4 CITY-	ST-ZIP				
informatio Lam an o	ri indicated on this annual report i	or supplemental annual report is to or the receiver or trustee empoy	true and acc vered to exe	curate and tha	d in Section 119.07(3)(i), Florida Statut It my signature shall have the same leg In as required by Chapter 607, Florida	al effect as	if made un	der oath; tha

SIGNATURE:

0222455

FILED

Jan 17 1997 8:00am

Secretary of State