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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| FILED | | | | | | | | |
|-------|------|--------|--------|--|--|--|--|--|
| May | 14 | 1997 | 8:00am | | | | | |
| Sec | reta | ary of | State | | | | | |

| | AVE | Mailing Address PO BOX 521127 MIAMI FL 33152-1127 US | | | | | |
|--------------------------|---|--|-----------------------|----------------------|--|---------------------------------------|------------------------|
| US | • | 55 | | | 3. Date Incorporated or Qualified 02/01/1978 | 3a. Date of Last 05/01/1996 | Report |
| 2. Principal P | ace of Business | 2a. Mailing Address | | · | 4. FEI Number | 1 | Applied For |
| 21 | ` | 26 | | | 65-0041948 | | lot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 7 7 7 7 | Additional Required |
| City & State | | City & State | | | 6. Election Campaign Financing | | May Be |
| 23 | | 28 | | | Trust Fund Contribution | | to Fees |
| Zip 24 | Country 25 | Ζιρ 29] | Counti | У | 8. This corporation has liability for in Florida Statutes | ntangible tax under Yes 🔲 No | s. 199.032, |
| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Reg | pistered Agent | |
| | RIGUEZ, MIGUEL | | 8 | Namo | | | (|
| |) N.W. 72ND AVE 'E #115 | | 82 | Street Add | fress (P.O. Box Number is Not Acceptab | le) | |
| | MI FL 33122 | | 8: | 3 | | | |
| IL/ILIA | MIIL GOILL | | Ĺ. | | | · · · · · · · · · · · · · · · · · · · | |
| | | | 84 | City | | FL 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607,0502 | and 607.1508, Florida St | atutes, the abo | ve-named cor | rporation submits this statement for the pation's board of directors. I hereby accep | urpose of changing | its registered |
| agent. I a | n familiar with, and accept the obliga | tions of, Section 607.0506 | , Florida Statute | es. | anong board of directors. Theraby bodes | t the appointment a | S regionared |
| | Signature, typod or printed name of registered ager | | | gerif signature requ | Frod when reinstating) | DATE | |
| TITLE | OFFICERS AND | DELETE | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTO | (|
| NAME | RODRIGUEZ, MIGUEL A. | LJ DECUE | 1.2 NAME | } | | L.J Change | |
| STREET ADDRESS | 2550 NW 72ND AVE | | | L ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY | ! | | | 13 |
| TITLE | DVS | DELETE | 211114 | | | ☐ Change | |
| NAME | RODRIGUEZ MAZZA, ANABELLE | | 2.2 NAME | | | | |
| STREET ADDRESS | 2550 NW 72ND AVE | | 2.3 STREE | T ADDRESS | | | + |
| CITY-ST-ZIP | MIAMI FL | T pritt | 2. 4 CITY | | | Change | T Addison |
| TITLE NAME | | ☐ DELETE | 3.1 TITLE 3.2 NAME | ł | | L Change | L_l Addition |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4 CITY | | | | |
| TITLE | | DELETE | 4.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 4. 2 NAM | ε | | | |
| STREET ADDRESS | | | 4.3 STREE | 1 ADDRESS | | | ł |
| CITY-ST-ZIP | | | 4.4 CHY | | | | |
| TITLE | | ☐ DELETE | 5.1 7/11 | | | Change | Addition |
| NAME OXOGET ACORDOS | | | 5.2 NAME |) | | | } |
| STREET ADDRESS | | | 1 | 1 ADDRESS | | | |
| CITY - ST - ZIP TITLE | | DELETE | 5.4 CITY G 1 TITLE | | | Change | Addition |
| NAME | | _ J | 6 2 NAME | J | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY | \$1-ZIP | | | |
| 14. I do heret | by certify that the information supplied in indicated on this annual report or se | with this filing does not o | jualify for the ex | emption state | ed in Section 119.07(3)(i), Florida Statutes | . I further certify tha | it the |

Information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under of the proposed 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 in changed, or on an attachment with an address.

GNATURE:

Anabelle Rodriguez Mazza 04-28-97 305-591-3722

305-591-3722