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 # 569250

(4)

Mailing Address

J. BALCELLS & CO., INC.

Principal Place of Business

FILED Apr 29 1997 8:00am Secretary of State

1161 S. ALHAMBRA CIRCLE CORAL GABLES FL 33146 US		PO BOX 431112 SOUTH MIAM! FL 33243-1112 US								
					 Date Incorporated or Qualified 04/30/1978 	3a. Date of Last Report 04/17/1996				
⊢	Place of Business	2a. Mailing Address			· —··	4. FEI Number 59-1822037		Ť		oplied For
Suite, Apt.	# etc	Suite, Apt. #, etc.				39-1022037				ot Applicable
22		27				5. Certificate of Status Desired				Additional equired
City & Stat	le	City & State				6. Election Campaign Financing				May Be
Zip	Country	28 Zip	17 60	intry		Trust Fund Contribution				to Fees
24	25	29	30	лиу		8. This corporation has liability for i	ntangible] Yes = [nder s	. 199.032,
27	9. Name and Address of Curre		1301	ı		10. Name and Address of New Re				
RAI	CELLS, BLANCA			Bí	Name	10. 114/115 2114 7124 713	31010100 7	Tyon		······································
	11 S. ALHAMBRA CIRCLE									
	RAL GABLES FL 33146			62	Street Ad	dress (P.O. Box Number is Not Acceptab	le)			
				83			····	•		
				84	City			85	Zip	Code
31 6	4-4-	00					FL	1		
office or r	registered agent, or both, in the State	วz and 607.1508, Florida Statu e of Florida, Such change was	ites, the al _authorize	bove d by	e-named co the corpor	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of t the appo	chan ointm	ging it ent as	ts registered registered
I	m familiar with, and accept the oblig	ations of, Section 607.0505, F	Iorida Stat	utes	i .					-
SIGNATURE	Signature, typed or printed name of registered ag	ent and title it applicable (NO	11: Begistere	d Age	nt signalure teo	quired when reins(ating)	DATE			
12.		D DIRECTORS	13.		Januar e req	ADDITIONS/CHANGES TO OFFIC		DIRE	CTOF	IS IN 12
TITLE	C	☐ DELETE	1.1 1	1LE				C		Addition
NAME	BALCELLS, JOSE LUIS		1.2 N/	AME						
STREET ADDRESS	1181 S ALHAMBRA CIR		1.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL		1.4 CI	1Y-S	T - ZIP					
TITLE	PST	☐ DELETE	2.1 10	TLE				☐ CI	nange	Addition
NAME	BALCELLS, BLANCA		2.2 N/	ME						
STREET ADDRESS	1181 S ALHAMBRA CIR		2.3 ST	RELI	ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL				1 - ZIP					
TITLE		☐ DELETE	3 1 TF					☐ C	nange	Addition
NAME			32 N/							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3 4. C		T - ZIP		··········		20055	A 444141
NAME		F" DETECT	4.1 11 4. 2 N					L Cf	range	☐ Addition
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			4.3 ST							
TITLE	***************************************	DELETE	5.1 TF		1-21F			CI	nange	Addition
NAME			5.2 NA							
STREET ADDRESS			ľ		ADDRESS					
CITY-ST-ZIP			5.4 CI							
TITLE		DELETE	6.1 TO					☐ CI	nange	☐ Addition
NAME			6.2 NA	ME				_	-	_
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CI							

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 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.

DIONATURE BOLL ON BROAD

mail 4 las Prairie +