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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 14 1997 8:00am Secretary of State

DOCUMENT #	572720
1 Corporation Name	

(1)

Principal Place of Business Mailing Address 330 GRECO AVE. 1316 MENDAVIA AVE. SUITE 101 CORAL GABLES FL 33146					
US				 Date Incorporated or Qualified 06/07/1978 	3a. Date of Last Report 04/18/1996
2, Principal P	Place of Business	2a, Mailing Address		4. FEI Number 59-1934990	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Z _i p	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees intangible tax under s. 199.032.
24	25	29	30		Yes No
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	NCHESO, MARIA TERESA		81 Name		
150 APT	OCEAN LN DR '9G		82 Street Add	dress (P.O. Box Number is Not Acceptal	ble)
	BISCAYNE FL 33149		83	. <u> </u>	
			84 City		FL 85 Zip Code
аделі. І а	im familiar with, and accept the obliga	itions of, Section 607.0505, Fi	authorized by the corpora orida Statutes.	poration submits this statement for the ation's board of directors. I hereby acce	hit trie appointment as registered
SIGNATURE	Eignature, typed or printed name of registered agen	nt and title if applicable. (NO	E. Rogistered Agent signature requ	area when reinstating)	CATE
		nt and title if applicable. (NO			CATE
SIGNATURE	Signature, typed of printed name of registered agen OFFICERS AND	nt and title if applicable. (NC)	(E. Rogistered Agent signature requi	area when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Sgrature, typod of printed name of registered agen OFFICERS AND PD CONCHESO, MARIA TERESA 150 OCEAN LANE DR APT 9G	nt and title if applicable. (NC)	E. Registered Agent signature required. 13. 1.: TITLE	area when reinstating)	DATE CERS AND DIRECTORS IN 12
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4. I do hereby certify that the information supplied with this filling 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 cath; 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.

from house accounted

/ /04 (205) 508 8000