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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 572804

(3)

MR SAVING CORP.

Principal Place of Business

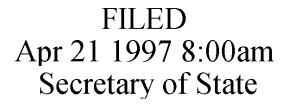
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7915 N. DAKMONT DRIVE MIAMI FL 78015

Mailing Address

7315 N. OAKMONT DRIVE MIAMI FL 33015-2020





22. Making Address 2a. Making Address 5. Fit Number 5. Specific For Not Applied For Not Appl										3. Date Incorporated or Qualified 06/12/1978 3a. Date of Last Report 04/23/1996				
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal F	lace of Business		2a. Mailing Address								Ar	plied For	
27 City & State C				26						59-1829672 Not Applic			nt Applicable	
City & State 28		. #, etc.		Suite, Apt. #, etc.						5. Certificate of Status Desired				
Trust Fund Contribution Added to Fees Zip Country 7:p Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Profit as Statutes. BENAVENTE, JUAN M. 7315 N. OAKMONT DR. MIAMI FL 33015 82 Street Address (P.O. Box Number is Not Acceptable) 83 Ball City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or person from or (registered agent) and libr 2 septembre. (NOTH Tragsbered Agent signature registered value was remarked or person from or or (registered agent) and person from the proposed agent and person from the person from the proposed agent and person from the person from the proposed agent and person from the pe		· · · · · · · · · · · · · · · · · · ·	2										<u>'</u>	
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BENAVENTE, JUAN M. 7315 N. OAKMONT DR. MIAMI FL 33015 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607, 1508. Floride Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the objections of Section 607,000, Florida Statutes. SIGNATURE Signature, typed or present increased agent and like Fayeticables. SIGNATURE Signature, typed or present increased agent and like Fayeticables. SIGNATURE Signature, typed or present increased agent and like Fayeticables. SIGNATURE Signature, typed or present increased agent and like Fayeticables. SIGNATURE Signature, typed or present increased agent and like Fayeticables. SIGNATURE Signature, typed or present increased agent and like Fayeticables. SIGNATURE Signature, typed or present increased agent and like Fayeticables. SIGNATURE Signature, typed or present increased agent and like Fayeticables. SIGNATURE Signature, typed or present increased agent and like Fayeticables. SIGNATURE Signature, typed or present increased agent and like Fayeticables. SIGNATURE Signature, typed or present increased agent and like Fayeticables. SIGNATURE Signature, typed or present increased agent and like Fayeticables. SIGNATURE Signature, typed or present increased agent agent and like Fayeticables. SIGNATURE Signature, typed or present increased agent and like Fayeticables. SIGNATURE Signature, typed or present increased agent and like Fayeticables. SIGNATURE Signature, typed or present increased agent and like Fayeticables. SIGNATURE Signature, typed or present agent and like Fayeticables. SIGNATURE Signature, typed or present agent and like Fayeticables. SIGNATURE Signature, typed or present agent and like Fayeticables. SIGNATURE Signature, ty		<u></u> ¬	· -				uniry	The desperation flat individual states						
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11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed nerve of registered agent and hite Playsticable. (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PO DELETE 1.1 THE Change Addition NAME STREET ADDRESS CITY-ST-2IP MIAMI FL 14 DIY-SI-ZIP TITLE DD DELETE 21 THE Change Addition NAME STREET ADDRESS CITY-ST-2IP MIAMI FL 14 DIY-SI-ZIP TITLE SD DELETE 31 THE STREET ADDRESS TREET ADDRESS TITLE SD DELETE 31 THE STREET ADDRESS TREET ADDRESS	TAIL T	umi 1'E 00010			1									
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11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05.05, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE: PD DATE 1.1 hill Change Addition BENAVENTE, JUAN M. 1.2 NAME STREET ADDRESS CITY-\$1-ZIP ITILE BENAVENTE, MIRTA C. 22 NAME STREET ADDRESS CITY-\$1-ZIP MIAMI FL 14 CITY-\$1-ZIP TITLE SD DELETE 3.3 STREET ADDRESS TASIS N. OAKMONT DR. 2.3 STREET ADDRESS CITY-\$1-ZIP MIAMI FL 1.4 CITY-\$1-ZIP TITLE SD DELETE 3.1 HILL Change Addition Addition NAME BENAVENTE, JUAN M. 3.2 NAME 3.3 STREET ADDRESS TREET ADDRESS							84	City				85 Zip	Code	
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SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) DATE	office or	registered agent, or bot	n, in the State of FI	lorida Si	uch change was a	authorize	d by	the corp	oration	's board of directors. I hereby acce	pt the app	ointment as	registered	
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64 CITY-\$1-ZIP 6.4 CITY-\$1-ZIP 6.4 CITY-\$1-ZIP 6.4 CITY-\$1-ZIP 6.4 CITY-\$1-ZIP 1.4. 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		by certify that the inform	ation supplied with	n this filir	na does not qualif				ated in	Section 119.07(3)(i) Florida Statute	s. 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 1 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.

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