FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



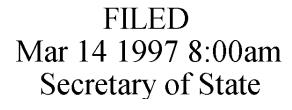
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 575356

JULIO C. CABRERA CERTIFIED PUBLIC ACCOUNTANT, PR OFESSIONAL ASSOCIATION

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39	NW	1661	TH S	TREET	#5

Mailing Address





N MIAMI BEACH FL 33169		N MIAMI BEACH FL 33169-6049							
6 Principal S	lace of Business	The Meiling 6	defroro			3. Date tricorporated or Qualified 06/09/1978 3. FET Number	3a. Date of Last 04/10/1996		
2. Principal Pi	IACA OL DOSICIOSS	2a. Mailing Address		4	59-1827632		Applied For Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State	е		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Z _(p)	Zip Country 30			8. This corporation has liability for intangible tax under s=199.032, Florida Statutes ■ Yes □ No			
	g, Name and Address of Cur			1	10), Name and Address of New Re			
39 1	Brera, Julio C VW 166th Street #5 RTH Miami Beach FL 33169			i I		(P.O. Box Number is Not Acceptab	ole)		
				83					
				84 City			FL 85 20	Code	
11. Pursuant office or reagent. La	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	0502 and 607.1508, Fl ate of Horida. Such cl aligations of, Section 6	orida Statutes, the a lange was authorize 07.0505, Florida Stat	bove-named d by the cor tutes.	d corporation's	ion submits this statement for the p board of directors. Thereby accep		its registered s registered	
SIGNATURE	Stynature, typed or printed name of registered	agent and Minit approxim	(NOTE Respetien	ਨੰ Agent s gratur	ns required wh	en reinstatling)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
TITLE	PSD Cabrera, Julio C	L	DELETE 1.1 1-				☐ Change	Addition	
NAME Street address	11775 N W 26 STREET		1.2 N	am: Treet address					
CITY-ST-ZIP	CORAL SPRINGS, FL 3			HTY-ST-ZIP	`				
TITLE			DELETE 2.1 TI	the second second			Change	Addition	
NAME			2 2 N	AME					
STREET ADDRESS			235	TREET ADDRESS	:				
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		CITA - 21 - 51.			Change	Addition	
TITLE NAME		L.	DELETE 3.1 11 3.2 No				change	L.J AUGIIION	
STREET ADDRESS				AIVIE TREET ADORESS					
CITY-ST-ZIP				DITY-ST-ZIP				1	
TITLE			DELETE 411			The state of the s	Change	Addition	
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 \$1	TREET ADDRESS	:			Ì	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		11Y - \$1 - 7IP				· · · - · · · · · · · · · · · · · · · ·	
TITLE		L	DELETE 5170				☐ Change	Addition	
NAME Street adoress			5.2 N/	aral Breet Adoress					
CITY-ST-ZIP				OY-ST-ZIP					
TITLE	 		DELETE GITI		-		Change	Addition	
NAME			62 N	AME					
STREET ADDRESS			6351	HEET ADORESS	.				
CITY-ST-ZIP			6.4 CI	11Y-S1-7IP	.				

14. I do hereby certify that the information surplied 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 of 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 15 if changed, or on an attachment with an address.