## 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 # 582145

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URBATRON, INC.

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Principal Place of Business

Mailing Address

2018 GALIANO ST CORAL GABLES FL 33134-6113

511 S.W. 21ST. ROAD MIAMI FL 33129-1333



**FILED** 

Apr 24 1997 8:00am

Secretary of State

US US								
						<ol> <li>Date Incorporated or Qualified 07/26/1978</li> </ol>	3a. Date of Last Repo 03/19/1996	ort
2. Principal Place of Business			2a, Mailing Address			4. FEI Number   Applied For		
21		26	n *		59-2340033		Applica	
Suite, Apt. #, etc.			uite, Apt. #, etc.				CO 75 A	
22		27	$\vec{\eta}$			5. Certificate of Status Desired Fee Required		
City & State			ity & State			6. Election Campaign Financing	\$5.00 Ma	
23		28				Trust Fund Contribution	Added to F	
Zip	Country	71	р	Country	/	8. This corporation has liability to		
24	25	29		30			Yes No	
	lame and Address of Cu	ırrent Register	ed Agent			10. Name and Address of New F	legistered Agent	
LEOPOLDO				B1	Name			
	IST ROAD			82	Street Add	ress (P.O. Box Number is Not Accept	able)	
MIAMI FL 3	13129 ーし ラろろ						abioj	
( ) A	•			83				
				84	City			
E				04	City	•	FL 85 Zip Coo	30
SIGNATURE Signature	. Typed or printed name of registers	o agert and like if a;	optoatilo (NO	Pt - Registered Ag	ant signature roqu	иed when relustating)	DATE	
12.		AND DIRECTO		13.		ADDITIONS/CHANGES TO OFF		N 12
TITLE PD			DELETE	1.1 701.8				Ado
NAME FLOS	rez, leopoldo			1.2 NAME	)			
STREET ADDRESS 511	SW 21ST ROAD			1.3 STREET	ADDRESS			
CITY-ST-ZIP MIAN	11 FL			1.4 CITY - 5	5T-2IP			
TITLE ST			DELETE	2 1 Tillef			Change	Ado
	ez, leopoldo			2.2 NAME	ĺ			
STREET ADDRESS 511	SW 21ST ROAD		•	2.3 STREET	ADDRESS			
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TITLE			DELETE	3.1 117LE			Change	Add
	rez, leopoldo			3 2 NAME				
	SW 21 ROAD			3.3 STREET	ADDRESS	·		
CITY-ST-ZIP MIAN	ll FL			3.4, CHY-	S1-7IP			
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NAME				4. 2 NAME	İ			
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S	iT- <b>Z</b> IP			
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,NAME				5.2 NAME	1			
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S	11-ZIP			
TITLE			DELETE	6 1 TITLE			Change	Add
NAME				6.2 NAME	1	·		
STREET ADDRESS				G.3 STREET	ADDRESS			
CITY-ST-ZIP				64 CHY-8	J-21P			

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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charging, or on an alternment with an address.