

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
 AND  
 FILED

1997 OCT -3 PM 1:21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION - ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 588603 (1)**

1. Corporation Name  
**CILISE CORPORATION**



Principal Place of Business <b>1093 SW 8TH AVE MIAMI FL 33130 US</b>	Mailing Address <b>3702 SW 147TH CT MIAMI FL 33185 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 7600 W 20 AVE</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27 101</b>
City & State <b>23</b>	City & State <b>28 Hialeah, FL 33016</b>
Zip <b>24</b>	Country <b>29 33016 30 US</b>

3. Date Incorporated or Qualified <b>10/05/1978</b>	3a. Date of Last Report <b>03/05/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FERNANDEZ ANGEL  
 3702 SW 147TH CT  
 MIAMI FL 33185**

10. Name and Address of New Registered Agent

81 Name <b>Augusto Rodriguez</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>8261 SW 185 Terr</b>
83
84 City <b>Miami</b>
85 Zip Code <b>FL 33157</b>

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	<input type="checkbox"/> DELETE
NAME <b>ALEMAN, RAIMUNDO</b>	
STREET ADDRESS <b>695 CARLOCK AVE.</b>	
CITY-ST-ZIP <b>PERTHAMBOY NJ</b>	
TITLE <b>DST</b>	<input type="checkbox"/> DELETE
NAME <b>RODRIGUEZ, MARGARITA</b>	
STREET ADDRESS <b>530 SW 84TH AVENUE</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 \*\*\*\*\*550.00 \*\*\*\*\*550.00

**10/15/97**

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 or changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (4/97)