FILE NOW: FILING PEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

608680 **DOCUMENT #** 1. Corporation Name

(5)

FILED May 01 1996 8:00 am Secretary of State

Principal Place		Mailing Address 2800 BISCAYNE BLV	/D			
STE 1100 MIAMI FL 33137		STE 1100 Miami FL 33137		Date Incorporated or Qualified 02/01/1979	3a. Date of Last Report	
2 Principal Pt	ace of Business	2a. Mailing Address		·	4. FEI Number	05/31/1995
21 21	and or pasitiess	26 Mailing Address			59-1885273	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State)	City & State		•	6. Election Campaign Financing	\$5.00 May Be
23		28		1	Trust Fund Contribution	Added to Fees
Ziρ	Country	Zip Tutta	Country		8. This corporation has liability for it	
24	9. Name and Address of Cur	29	30		Florida Statutes Yes	
	s. Name and Address of Cul	ent negistered Agent	81	Name	10. Name and Address of New R	egistered Agent
CANTH	I INFA M					
SMITH, LINDA M. 11900 BISCAYNE BLVD			82	Street Add	ess (P.O. Box Number is Not Acceptable	e)
STE 200			83			
]	L 33181					
			84	City		FL 85 Zip Code
famil ar w.	th, and accept the obligations of, S Signature typotorprotection confrontionally	ection 607.0505, Florida Statut Instantition appearence	es Nutte Regulate Lagra		·····	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFE	
TIFLE	PD Lisman, Claudio	DELETE 1 1 IN				Change Addition
NAME LISMAN, CLAUDIO STREET ADDRESS 2800 BISCAYNE BLVD STE 1100			1.2 NAME 1.3 STHEE! ADDRESS			
	MIAMI FL	. 1100	B	ļ		
CITY+ST+ZIP TITLE	VPS	DECEME	2 1 TITLE	- (19		Change Addition
NAME	PIPOLI, EDUARDO		2.2 NAME			C. Cumilde C. Marien
STREET ADDRESS	2800 BISCAYNE BLVD STI	1100	2.3 STREET	ADDRESS		
CHT - ST-ZIP	MIAMI FL		2 4 CITY - S			
THILE	T	DELETE	3 1 THEF		~	Change Addition
NAME	LISMAN, CELIA	_	3.2 NAME	}		
STREET ADDRESS			3.3 STREE	LADDRESS		
CITY ST ZIP	MIAMI FL		3 4 O/TY - S	F - ZiF		
Inte		DELETE	4 1 T.TLE			Charge Maddition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STHEET		30000181	.8403
CITY-ST-ZIP		DELETE	4 4 CITY - S	T - ZIF	30000181 -05/13/96010	37023
NAME			5 1 TiTLE		***200.00	Change Addition
STREET ADDRESS			5.2 NAME 5.2 STOLET	Annoese		
City St-ZiP			5 3 STREET 5 4 City - S			
1ITUE		DELETE	6 1 TIELF	4 - 215		☐ Change ☐ Addition
NAME		J	6.2 NAME			~
STREET ADDRESS			63SIREET	ADDRESS		STED
CITY ST 700			C L CHY C	. 20		5-1-91

14. I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual reports a 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if change I, or on a later inment with an address.

SIGNATURE: SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytine Phone #

CR2E034 (12/95)