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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🕝

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 600406

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FILED
Apr 11 1997 8:00am
Secretary of State

Principal Place of Business C/O RAMON BERRAYARZA 8701 NW 977H CT WIAMI FL 33147 US		Mailing Address C/O RAMON BERRAYARZA 6701 NW 37TH CT MIAMI FL 33147-6536 US				3. Date Incorporated or Qualified Sa. Date of Last Report 02/15/1996				
2. Principal F	lace of Business	2a. Mailing Addr	ess		4, FEI Number			A	pplied For	
<u> </u>		26			59-2021	40/			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #,	erc.		5. Certificate of	f Status Desired	×		Additional lequired	
City & Stal	е	City & State			6. Election Car	mpaign Financing			May Be	
]		28				Contribution			to Fees	
Ζφ	Country	Zıp		Country		ation has liability for			s. 199.032,	
<u> </u>	25	29	30	L	Florida Stati] No		
	g. Name and Address of Cu	irrent Registered Agent		81 Name	10, Name and	Address of New Re	egisterec i	Agent .		
					ANTONIO GON	VZALEZ		·		
•	* .			82 Street	Address (P.O. Box Num 405 S.W. 31 S	ber is Not Accepta	ble)			
1 '	* '			83 M	iami _{na naa} a	2La				
	•			<u> </u>	Fl 3315	55				
				84 City			FL	85 Zip	Code	
1 1	to the provisions of Sections 607 registered agont, or bid it, in the implication of the first provision and acceptance in the control of the	1				s statement for the ctors. I hereby acce	9/1/	changing ointment a	lts registered s registered	
SIGNATURA 2.	Captivature, typical or printed harmo of registere OFFICERS	ed agent and tille if applicable. S AND DIRECTORS	(NOTE Re	gistered Agent signature	required when reinstating)	s statement for the ctors. I hereby acce	DATE	7	RS IN 12	
SIGNATURA 12. II.E	substature, typical or printed name of registers	ed agent and tile if applicable.	(NOTE Re	gistered Agent signature 13.	required when reinstating)		DATE	DIRECTO	RS IN 12	
IGNATURE 2. ILE	OFFICERS	ed agent and tille if applicable. S AND DIRECTORS	(NOTE Re	gistered Agent signature	required when reinstating)		DATE	DIRECTO	RS IN 12	
SIGNAT JEG 2. ILE AME TREET ADDRESS	OFFICERS PD GONZALEZ, MARIA	ed agent and tille if applicable. S AND DIRECTORS	(NOTE Re	gistered Agent e-gnature 13. 11 TITLE 1.2 NAME	required when reinstating)		DATE	DIRECTO	RS IN 12	
SIGNAT JEG 2. ILE AME TREET ADDRESS ITY-ST-ZIP	PD GONZALEZ, MARIA 6405 S.W. 31 STREET MIAMI FL	ed agent and tille if applicable. S AND DIRECTORS	(NOTE Re	gistered Agent & gnature 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when reinstating)		DATE	DIRECTO	RS IN 12	
SIGNATURE 2. OLE AME TREEL ADDRESS OLY-ST-ZIP OLE	OFFICERS PD GONZALEZ, MARIA 6405 S.W. 31 STREET MIAMI FL VD BATISTA, ALEXIS	ed agent and tille if applicable. S ANO DIRECTORS	(NOTE Re	gistered Agent & gnature 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	required when reinstating)		DATE	DIRECTO Change	RS IN 12	
2. ILE AME IRELIADORESS ILY-S1-ZIP ILE AMI	OFFICERS PD GONZALEZ, MARIA 6405 S.W. 31 STREET MIAMI FL VD BATISTA, ALEXIS 5754 CORAL WAY	ed agent and tille if applicable. S ANO DIRECTORS	(NOTE Re	gistered Agent & gnature 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	required when reinstating)		DATE	DIRECTO Change	RS IN 12	
EIGNATURA 2. ILE AME IRELI ADDRESS ILY-ST-ZIP ILE AMI JRELI ADDRESS ILY-ST-ZIP	OFFICERS PD GONZALEZ, MARIA 6405 S.W. 31 STREET MIAMI FL VD BATISTA, ALEXIS	ed agent and title if applicable. B AND DIRECTORS DE	(NOTE RE)	gistered Agent & greature 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	required when reinstating)		DATE	DIRECTO Change	RS IN 12 Addition	
EIGNATURA 2. IT.E AME TREET ADDRESS ITY-ST-ZIP ITEE AMI JREET ADDRESS ITY-ST-ZIP ITEE AMI JREET ADDRESS ITY-ST-ZIP ITEE	OFFICERS PD GONZALEZ, MARIA 6405 S.W. 31 STREET MIAMI FL VD BATISTA, ALEXIS 5754 CORAL WAY	ed agent and tille if applicable. S ANO DIRECTORS	(NOTE RE)	gistered Agent & greature 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.1 TITLE	required when reinstating)		DATE	DIRECTO Change	RS IN 12 Addition	
SIGNATURA 12. II.E III.E	OFFICERS PD GONZALEZ, MARIA 6405 S.W. 31 STREET MIAMI FL VD BATISTA, ALEXIS 5754 CORAL WAY	ed agent and title if applicable. B AND DIRECTORS DE	(NOTE RE)	gistered Agent & greature 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.2 NAME	required when reinstating)		DATE	DIRECTO Change	RS IN 12 Addition	
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SIGNATURA 2. ILLE IAME IRREL ADDRESS ILY: ST-ZIP ILLE IAMI IZEL ADDRESS ILY: ST-ZIP ILLE	OFFICERS PD GONZALEZ, MARIA 6405 S.W. 31 STREET MIAMI FL VD BATISTA, ALEXIS 5754 CORAL WAY	cd agent and title if applicable. B AND DIRECTORS DE DE	(NOTE RE)	gistered Agent & greature 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.5 TREET ADDRESS 3.5 TREET ADDRESS 3.4 CITY-ST-ZIP	required when reinstating)		DATE	DIRECTO Change Change	RS IN 12 Addition Addition	
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information indicated on this annual report or supplimental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 if changed, or on an attachment with an address.

Daytime Phone # 0205823