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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Apr 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 683530

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| | n Name DO, CORP. | `, | | | | | | |
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| Principal Place | e of Business | Mailing Address | | *************************************** | A CORPUN BEING FROM COLOR BEERS HALL D | HAN DIDIA DARAN | | OF WALL DO BY |
| 3707 N.W. 7TH STREET 3707 N.W. 7TH STREET MIAMI FL 33128-5501 MIAMI FL 33128-5501 | | | | | | | | |
| | | | de de la constituio de la | | 3. Date Incorporated or Qualifier 09/29/1980 | | ate of Last R /30/1996 | eport |
| · · | lace of Busmoss | 26. Mailing Address | | | 4. FEI Number 59-2041292 | | | oplied For ot Applicable |
| Suite, Apt. | #, etc | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | | \$8.75 / Fee Re | Additional |
| City & State | e | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added 1 | May Be |
| Żφ 24 | Country 25 | Zip 29 | Country 30 | у | 8. This corporation has liability for Florida Statutes | | | |
| MANAGE | 9. Name and Address of Curre | nt Registered Agent | | Y | 10. Name and Address of New | Registered | Agent | |
| GELPI, GLADYS | | | 81 | Name | | 1 | | |
| 2337 PONCE DE LEON BLVD. CORAL GABLES FL 33134 | | | 82 | Street Ac | Idress (P.O. Box Number is Not Accept | table) | | |
| 001 | INC CADECO I C CO 104 | | 83 | | | | | |
| | | | 84 | City | | FL | 85 Zip (| Code |
| agent. La | to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig | 02 and 607.1508, Florida Statut c of Florida Such change was a gations of, Section 607,0505, Fk | es, the abov authorized b orida Statute | re-named co by the corpo is. | orporation submits this statement for the ration's board of directors. I hereby acc | e purpose o cept the ap | of changing it pointment as | s registered registered |
| SIGNATURE | Ohn the transfer with the amount end found on | was and life. Landwights /HCV | E Boointored Am | est cloughing to | point when went time | DATE | | , |
| SIGNATURE | Signature, typical or perfect name of registered ag | jent and lifte Lapplicable (NOT ND DIRECTORS | E Registered Ag | ent signature re | quired when reinstating) ADDITIONS/CHANGES TO OFI | DATE FICERS AN | D DIRECTOR | IS IN 12 |
| | OFFICERS AN | | | ent signature re | | | D DIRECTOR | ************************* |
| 12. TILL NAME | OFFICERS AN STDP GELPI, GLADYS | ID DIRECTORS | 13. 11 TITLE 12 NAME | | | | | *************************************** |
| 12. THLE NAME STREET ADDRESS | OFFICERS AN STDP GELPI, GLADYS 2610 SW 16TH TERR #6 | ID DIRECTORS | 13. 11 TITLE 12 NAME 13 STREE | T ADDRESS | | | | |
| 12. THE NAME STREET ADORESS CITY-ST ZIE | OFFICERS AN STDP GELPI, GLADYS | ID DIRECTORS | 13. 11 TITLE 12 NAME | T ADDRESS | | | | Addition |
| 12. FILE NAME STREET ADDRESS CITY- ST ZIE BILLE | OFFICERS AN STDP GELPI, GLADYS 2610 SW 16TH TERR #6 | ND DIRECTORS | 13. 11 TITLE 12 NAME 13 STREE 14 CHY- | T ADDRESS ST-ZIP | | | Change | Addition |
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