## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Aug 21 1997 8:00am

ANNUAL REPORT 1997		Secretary of State DIVISION OF CORPORATIONS				Secretary of State				
DOCUI	MENT #	744441	(7)							
		CENTER, INC.								
HOIIII	MEGI DADE	OLIVILII, INO.								
Principal Place	e of Business		Mailing Address	•				181 <b>3</b> 1811 81811 81811 9		
4175 W 20TH AVE 4175 W 20TH AVE										
HIALEAH FL 330	12		HIALEAH FL 33012				DO NOT WRITE	IN THIS SPACE	<u> </u>	
						3. Da	ate Incorporated or Qualified	3a. Date of L	ast Repor	t
							10/02/1978	08/15	·	
<u> </u>	lace of Business		2a. Mailing Address			4. FE	I Number <b>59-1865751</b>	-	Applied	d For plicable
Sulte, Apt.	#. etc.		Suite, Apt. #, etc.				•	rn \$8.	75 Addit	
22			27			<b>5</b> . G€	ertificate of Status Desired		ee Require	
City & State	9		City & State			<b>6.</b> Ele	ection Campaign Financing		.00 May	/ Be
23			28	1 .			ust Fund Contribution		ded to Fe	
Zip		Country	Zip	<b>├</b>	untry		is corporation owes or has pa		ar Intangil No	
24	25]	Address of Current	29  Registered Agent	30	T		rsonal Property Tax due June ame and Address of New Re			,
·					81 Name					
JARDON.	MARIO E.				82 Street	Address (P.O.	Box Number is Not Accepta	hla)		
4175 W 20TH AVE			82 Street Ad			. O. IJ econoca	BOX (40/1106) 15 140( Accepta			
HIALEAH	, FL. FL 33012				83					
					84 City			65	Zip Code	
						<del> </del>		PL		
11. Pursuant office or r	to the provisions egistered agent,	of Sections 617.0502 or both, in the State o	and 617.1508, Florida Sta f Florida. Such change w	atutes, the a as authorize	above-named ad by the cor	d corporation s rporation's boa	ubmits this statement for the rd of directors. I hereby acce	ourpose of chang pt the appointme	ging its regi: int as regi:	gistered stered
agent. I a	ım familiar with, a	nd accept the obligati	ons of, Section 617.0503	, Florida Sta	itutes.					
SIGNATURE .	Signature, typed or prin	nted name of registered agent								
12.			and title if applicable. (	NOTE: Registere	rulangia InegA be	re required when rein	istating)	DATE		
TITLE		OFFICERS AND		NOTE: Registere	ed Agent signatur		istating) DITIONS/CHANGES TO OFFIC			
IIILE	SD	OFFICERS AND								12 Addition
NAME	ROCA, MARIA	OFFICERS AND	DIRECTORS	<b>13.</b>				CERS AND DIRE		
NAME STREET ADDRESS	ROCA, MARI 4175 W. 20 /	OFFICERS AND  A  AVE.	DIRECTORS	13. 1.1 T 1.2 N 1.3 S	ITLE NAME STREET ADDRESS			CERS AND DIRE		
NAME Street address City-St-Zip	ROCA, MARI 4175 W. 20 / HIALEAH FL	OFFICERS AND  A  AVE.	DIRECTORS  DELETE	13. 1.1 T 1.2 M 1.3 S 1.4 C	ITLE NAME STREET ADDRESS CITY-ST-ZIP			CERS AND DIRE	ange	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	ROCA, MARIA 4175 W. 20 A HIALEAH FL D	OFFICERS AND A  AVE. 33012	DIRECTORS	13. 1.1 T 1.2 N 1.3 S 1.4 C 2 1 T	ITLE NAME STREET ADDRESS CITY-ST-ZIP VILE			CERS AND DIRE	ange	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ROCA, MARI 4175 W. 20 / HIALEAH FL D ESTRADA, R	OFFICERS AND  A  AVE.  33012  AUL	DIRECTORS  DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	ITLE NAME STREET ADDRESS DITY-ST-ZIP UTLE NAME			CERS AND DIRE	ange	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ROCA, MARI, 4175 W. 20 / HIALEAH FL D ESTRADA, R. 4175 W 2011	OFFICERS AND AVE. 33012 AUL 1 AVE	DIRECTORS  DELETE	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S	ITLE IAME STREET ADDRESS CITY-ST-ZIP ITLE IAME STREET ADDRESS			CERS AND DIRE	ange	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ROCA, MARI 4175 W. 20 / HIALEAH FL D ESTRADA, R	OFFICERS AND AVE. 33012 AUL 1 AVE	DIRECTORS  DELETE	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S	ITLE  IAME STREET ADDRESS STREET ADDRESS ITLE IAME STREET ADDRESS CITY-ST-ZIP			CERS AND DIRE	ange	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROCA, MARIA 4175 W. 20 / HIALEAH FL  D ESTRADA, RA 4175 W 20TH HIALEAH FL  CD JOSEPH, JAY	OFFICERS AND A AVE. 33012 AUL 1 AVE 33012	DIRECTORS  DELETE  DELETE	13. 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.41 3.1T	ITLE  IAME STREET ADDRESS STREET ADDRESS ITLE IAME STREET ADDRESS CITY-ST-ZIP			CERS AND DIRE	ange	Addition  Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	ROCA, MARIA 4175 W. 20 / HIALEAH FL  D ESTRADA, RA 4175 W 20TH HIALEAH FL  CD JOSEPH, JAN 4175 W 20TH HIALEAH FL  SD	OFFICERS AND A AVE. 33012 AUL 1 AVE 33012 Y 1 AVE 33012	DIRECTORS  DELETE  DELETE	13. 1.11 1.2 M 1.3 S 1.4 C 2.1 T 2.2 M 2.3 S 2.4 I 3.1 T 3.2 M 3.3 S 3.4 I 4.1 T	ITLE  JAME  STREET ADDRESS  CITY-ST-ZIP  JAME  STREET ADDRESS  CITY-ST-ZIP  JILE  JAME  STREET ADDRESS  CITY-ST-ZIP  JILE  JAME  JAM			CERS AND DIRE	ange L	Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ROCA, MARIA 4175 W. 20 / HIALEAH FL  D ESTRADA, RA 4175 W 20TH HIALEAH FL  CD JOSEPH, JAN 4175 W 20TH HIALEAH FL  SD CORTES-SU/	OFFICERS AND A AVE. 33012 AUL 1 AVE 33012 Y 1 AVE 33012 AREZ, GEORGINA	DIRECTORS  DELETE  DELETE	13. 1.17 1.2 M 1.3 S 1.4 C 2.17 2.2 M 2.3 S 2.4 I 3.17 3.2 M 3.3 S 3.4 I 4.1 T 4.2 I	ITLE  JAME  STREET ADDRESS  DITY-ST-ZIP  ITLE  JAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  JAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  JAME  STREET ADDRESS  CITY-ST-ZIP  ITLE  NAME	ADI		CERS AND DIREC	ange L	Addition  Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ROCA, MARIA 4175 W. 20 / HIALEAH FL  D ESTRADA, RA 4175 W 20TH HIALEAH FL  CD JOSEPH, JAN 4175 W 20TH HIALEAH FL  SD CORTES-SU/	OFFICERS AND A AVE. 33012 AUL 1 AVE 33012 Y 1 AVE 33012 AREZ, GEORGINA 1 AVE	DIRECTORS  DELETE  DELETE	13. 1.1T 1.2M 1.3 S 1.4 C 2.1T 2.2M 2.3 S 2.44 3.1T 3.2M 3.3 S 3.4.1 4.1 T 4.2 I 4.3 S	ITLE  JAME  STREET ADDRESS  STY-ST-ZIP  JITLE  JAME  STREET ADDRESS  CITY-ST-ZIP	ADI		CERS AND DIREC	ange	Addition  Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE	ROCA, MARIA 4175 W. 20 A HIALEAH FL  D ESTRADA, RA 4175 W 20TH HIALEAH FL  CD JOSEPH, JAN 4175 W 20TH HIALEAH FL  SD CORTES-SUA 4175 W 20TH	OFFICERS AND A AVE. 33012 AUL 1 AVE 33012 Y 1 AVE 33012 AREZ, GEORGINA 1 AVE	DELETE  DELETE  DELETE	13. 1.17 1.28 1.39 1.40 2.17 2.28 2.38 2.41 3.17 3.28 3.35 3.4.1 4.17 4.21 4.39 4.40 5.17 5.28	ITLE  JAME  STREET ADDRESS  CITY-ST-ZIP  JAME  STREET ADDRESS  CITY-ST-ZIP  JITLE  JAME  STREET ADDRESS  CITY-ST-ZIP  JITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  JITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  JITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  JITLE	P Mario	E. Jardon	CERS AND DIRE	ange	Addition  Addition  Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ROCA, MARIA 4175 W. 20 A HIALEAH FL  D ESTRADA, RA 4175 W 20TH HIALEAH FL  CD JOSEPH, JAN 4175 W 20TH HIALEAH FL  SD CORTES-SUA 4175 W 20TH	OFFICERS AND A AVE. 33012 AUL 1 AVE 33012 Y 1 AVE 33012 AREZ, GEORGINA 1 AVE	DELETE  DELETE  DELETE	13. 1.17 1.20 1.39 1.40 2.17 2.20 2.35 2.44 3.17 3.20 3.35 3.4.1 4.17 4.21 4.38 4.40 5.17 5.20 6.17	ITLE  JAME  JAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  JAME  STREET ADDRESS  CHY-ST-ZIP  TITLE	P Mario 4175 W Hialea	E. Jardon V. 20th Ave	CERS AND DIRE	ange ange ange ange ange	Addition  Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROCA, MARIA 4175 W. 20 A HIALEAH FL  D ESTRADA, RA 4175 W 20TH HIALEAH FL  CD JOSEPH, JAN 4175 W 20TH HIALEAH FL  SD CORTES-SUA 4175 W 20TH	OFFICERS AND A AVE. 33012 AUL 1 AVE 33012 Y 1 AVE 33012 AREZ, GEORGINA 1 AVE	DELETE  DELETE  DELETE  DELETE	13. 1.17 1.20 1.39 1.40 2.17 2.20 2.35 2.41 3.17 3.20 3.35 3.4. 4.17 4.21 4.38 4.40 5.17 5.20 6.17 6.20	ITLE  IAME  STREET ADDRESS  STY-ST-ZIP  ITLE  IAME  STREET ADDRESS  CITY-ST-ZIP	P Mario 4175 W Hialea T/D Carlos	E. Jardon V. 20th Ave	CERS AND DIRE	ange ange ange ange ange	Addition  Addition  Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.