FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

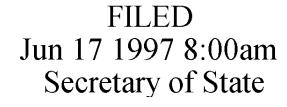
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(6)

IREST CORPORATION

Principal Place of Business

Mailing Address





C/O ESTELO (2174 WEST 80 HIALEAH FL 3:) \$ T.	C/O ESTELO MAURI 2174 WEST 80 ST. Hialeah Fl 33016-1846						
					 Date Incorporated or Qualified 10/07/1980 	3a. Date of L 03/26/19		
· ·	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number 59-2033465		Applied For	
21		26					Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	——————————————————————————————————————		5. Certificate of Status Desired \$8.75 Additional			
City & State		27	City & State				e Required	
23		28	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	Count	ry	8. This corporation has hability for i	8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes		
		Current Registered Agent			10. Name and Address of New Re			
	JRI, ESTELO	 -	8	1 Name				
	4 WEST 80 ST.		8	2 Street A	ddress (P.O. Box Number is Not Acceptab	lo)		
HIAI	LEAH FL 33016			Burder	worese (1.0. box Normber is Not Acceptab	16)		
•			8	3				
			8	4 City		FL 85	Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections E registered agent, or both, in th im familiar with, and accept th	607.0502 and 607.1508, Florida Statule State of Florida Such change was elobligations of, Section 607.0505, F	tes, the abo authorized l lorida Statut	ve-named only the corples.	corporation submits this statement for the p oration's board of directors. I hereby accep	urpose of chang I the appointmen	ing its registered at as registered	
SIGNATURE	Signature, typed or printed name of regis	stered agent and title I aucheable (NO	III : Hegistered A	oent signature i	equired when reinstating)	DATE		
12.	OFFICE	RS AND DIRECTORS	13.	9 29	ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
TITLE	PSD	DELETE	1.1 11118			☐ Cha		
NAME	MAURI, ESTELO		1,2 NAME					
STREET ADDRESS	10853 SW 34 ST		1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		1.4 CITY	- \$1 - ZiP				
TITLE ;			2.1 TITLE			☐ Cha	nge Addition C	
NAME	MAURI, MARIA R		2.2 NAM					
STREET ADDRESS	10853 SW 34 ST		2.3 STHEET ADDRESS		•			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY	- \$1 - ZIP				
TITLE	DELETE 3.1		3.1 THILE			☐ Cha	nge 🔲 Addition	
NAME			3.2 NAM	:				
STREET ADDRESS			3.3 STRE	E1 ADDRESS				
CITY-ST-ZIP	·	OFFERE	3.4. CITY					
TITLE		☐ DELETE	4.1 TITLE			Cha	nge L Addition	
NAME			4. 2 NAM					
STREET ADDRESS				T ADORESS			1	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY	ST-ZIP		П 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
NAME		C Detter	5.1 TITLE	ļ		L. Cha	nge [] Addition	
STREET ADDRESS			5.2 NAME	ı				
				1 ADDRESS				
CITY-ST-ZIP		DELETE	5 4 C/TY -				an Daddin	
NAME			6.1 TITLE			Char	nge 🔝 Addition	
STREET ADDRESS			6.2 NAME					
				1 ADDRESS				
CITY-ST-ZIP		·	6.4 CITY -	51-ZIP				

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 if changed, or on an attachment with an address. ESTELL