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

## PROFIT



COF ANNU	PROFIT PORATION JAL REPORT 1997	Sandra I Secreta	RIMENT OF STATE  3. Mortham  ary of State  CORPORATIONS		97 8:00am ry of State
	MENT # <b>F27697</b> OMES, CORP.	(4)			ATAN BARK SIAN ANNI ANNI BARK NAM
Principal Plac 5425 S. SEMOI SUITE 2 ORLANDO FL 3 US	RAN BLVD	Mailing Address C/O MARIO PRIETO 6532 THE LANDING DR. ORLANDO FL 32812-3526		3. Date Incorporated or Qualified	3a. Date of Last Report
	ace of Business	2a. Mailing Address		04/01/1981 4. FEI Number	01/22/1998 Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.		59-2081909	Not Applicable  \$8.75 Additional
22	n, 616.	27		5. Certificate of Status Desired	Fee Required
City & State	D	City & State	***************************************	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25 25 9. Name and Address of Current	29 Segistered Apent	30]	Florida Statutes  10. Name and Address of New Re	Yes No
PRIF	TO, MARIO	10. Hamo and Addises of New He	Aistaian võoit		
OFFICE LANDING DO				dress (P.O. Box Number is Not Acceptal	ole)
) ONL	ANDU FL 32012		83		
}			84 City		les   Zin Corto
					FL 85 Zip Code
Office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized by the corpor	orporation submits this statement for the pration's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
SIGNATURE	Stipulare, Specialor protectinanie of registered agen	t and other than the above to the force to	TE: Registered Agent signature rec	n irod when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	DELETE	1.1 TITCE		Change Addition
NAME	PRIETO, MARIO		1.2 NAME		
STREET ADDRESS	6532 THE LANDING DR. ORLANDO, FL 00000		1.3 STREET ADDRESS		
CHY-ST-ZIF	UNDANIDO, PL 00000	DELETE	1.4 CiTY - ST - ZIP 2.1 TITLE		Change Addition
NAME		LJ OCELE	2.1 TILE 2.2 NAME		Control Control
STREET ADDRESS			2.3 STREET ADDRESS		
CHY-ST-ZIP			2. 4 CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-SI-ZIP		DELETE	3.4 CITY-ST-ZIP		Change Addition
NAME		L_ OLLETE	4.1 TITLE 4. 2 NAME		C change C Addition
STREET ADORESS	•		4.3 STREET ADDRESS		
CITY-SI-7/P			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		1
STHEET ADDRESS			5.3 STREET ADDRESS		
C(1Y - S1 - 7)P		I I DELETE	5.4 CITY-ST-ZIP		Chap-a Lagran
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME CTREET MODRES	•		6.2 NAME		
STREET AUDRESS	`•		6.3 STREET ADDRESS		

64 DITY-ST-ZIP

14. If do hereby certify that the information supplied with this filling 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.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0091269