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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	NNUAL REPORT 1997		Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
	JMENT # F { IOMAS, INC.	32703	(2)					
0.0.	,011210, 1110							
Principal Haze of Business 9830 S.W. 83RD STREET P.O.BOX 161974 MIAMI FL 33116		963 P.O	iling Address 0 S.W. 83RD STREET BOX 161974 MI FL 33116-1974			# HERENION HIGH HURTH HUNTH HUNTH SWIND HILL WI	IBHI DIDII DIDII GIDII DIDII	
						Date Incorporated or Qualified 05/25/1982	3a. Date of Last I 02/20/1996	Report
2. Principal 21	Place of Business	2 a. 26	Mailing Address			4. FEI Number 59-2255447		pplied For ot Applicable
State Ap	t # etc	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 "	Additional lequired
Oity & St. 23	de	28	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
7(p) 24	Count 25	29	Zip	Countr 30	y		Yes No	s. 199.032,
VIV	AR, TEOFILO	ess of Current Regist	ereo Agent	81	Name	10. Name and Address of New Reg	istereo Agent	
983	30 S.W. 83RD STREE	Γ		82	Street A	ddress (P.O. Box Number is Not Acceptable	e)	
MIA	AMI FL 33173			83				
					<u> </u>	-		
				84	City		FL 85 Zip	Code
11. Pursuan	of to the provisions of Secure also red about or bol	tions 607 0502 and 60	07.1508, Florida Statu	tes, the abov	e-named	corporation submits this statement for the purporation's board of directors. I hereby accept	rpose of changing	its registered
açent 1	am fame ar with, and ac	cept the obligations of	Section 607.0505, FI	lorida Statute	s.	ordinary board of directors, thereby decopi	the opposition as	, regiotorea
SIGNATURE	To plate the Police of the	no of respectived agent and the	d app4 cable (NO	TE: Registered Ag	ent signature	equired when reinstating)	DATE	
12.	PD	DEFICERS AND DIREC		13.	т	ADDITIONS/CHANGES TO OFFICE		
1-ILF	VIVAR, TEOFILO		L DELETE	1 1 TITLE 1 2 NAME	-	DIEGO F. VIVAR	Change	Addition
NAME STREET ANDRESS	TO COURS WAS ASSOCIATED	•			T ADDRESS	9830 5.W. 832 5		
(STARE LACIDARIES	MIAMI FL	•		1.4 CITY-		MIAMI, FL 33172-40	40"	
Bliff Bliff	VD		DELETE	2.1 TITLE	31-21		Change	Addition
NAME	COBA, FAUSTO			2.2 NAME				
STREET ADDRESS		ſ .		2 3 STREE	T ADDRESS			
CI*Y 51 769	MIAMI FL			2.4 CITY-	ST-ZIP			·
*1111.5	\$		OFFETE	3.1 TITLE	Į		☐ Change	L. Addition
NVV:	VIVAR, NANCY	r	•	3.2 NAME				
STREET AUG # 252	-MIAMLEL			1	T ADDRESS			
CTr 51 Zib DUE			DELETE	3.4, CITY- 4.1 TITLE	\$1-ZIP		Change	Add:tion
NAM:				4. 2 NAME	.	•		
STEFF ALURES	e				T ADDRESS	·		
GUT+S1 7#				4.4 CITY -				
Title			DELETE	51 TITLE			Change	Addition
NAME				5.2 NAME	ļ			
STREET AD RESS	5			5 3 STREE	T ADDRESS			
CHY \$1.71				54 CHY-	ST-ZIP			[1]
TIH			☐ DELETE	61 TITLE	Ì		Change	Addition
HAMi				62 NAME				
STHEE CALIBRES	,				T ADORESS			
CHY 51 7e	T.			6.4 C(TY -	31-ZIF			

14. I do hereby certly that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), 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 other or director of flector 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 SHOP THE GENERALITY NAME OF SIGNING AFFICER OR DIRECTOR

Resident 0s/27/97

Claytime Phone #

FILED

Mar 12 1997 8:00am

CR2F034 (9/96)