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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F87842

(3)

| Principal Place P.O. BOX 55-8 MIAMI FL 3315 | 1548 | Mailing Address P.O. BOX 55-8548 MIAMI FL 33255-8548 | | | |
|---|---|---|--|--|---|
| | | | | | a. Date of Last Report |
| 9 Delmain at D | lace of Divisions | Do Maille Adalasa | | 06/23/1982 | 05/28/1996 |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number 59-2205621 | Applied For |
| Suite, Apt. | #. etc. | 26 | | | Not Applicable \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | 6 | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation has liability for intar | |
| 24 | 9. Name and Address of Curre | | 30 | Florida Statutes Ye 10. Name and Address of New Regist | ered Agent |
| EQ | OBAR, BERNARDO J. | A TIOGRAPHO AGUIT | 81 Name | (g) Notice that Accelerate of Notice Hoger | orda Agont |
| ANALOM FARD CTREET | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| | MI FL 33165 | | OZ SUCCI AGO | aress (F.O. Box Normber is Not Acceptable) | |
| | | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | | FL |
| 11. Pursuant I | to the provisions of Sections 607.050 egistered agent, or both, in the State | 02 and 607.1508, Florida Statute: e of Florida. Such change was au | s, the above-named cor uthorized by the corpora | poration submits this statement for the purp ation's board of directors. I hereby accept th | ose of changing its registered e appointment as registered |
| agent I a | m familiar with, and accept the oblig | ations of, Section 607.0505, Flor | ida Statutes. | , | |
| SIGNATURE | Signature, lyped or printed name of registered ag | colland little if anoth oble (NO)) | Registered Agent signature requ | ind when rejectables | ATE |
| 12. | | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | PTD | DELETE | 1.1 107£E | | Change Addition |
| NAME | ES COBAR, SILVIA ARMAS | | 1.2 NAME | | |
| STREET ADDRESS | 9341 S.W. 53RD STREET | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 00000 | | 1.4 CITY - ST - ZIP | | |
| TITLE | V\$D | ☐ DELETE | 2.1 TITLE | | Change Addition |
| NAME | ESCOBAR, SILVIA MARIA | | 2.2 NAMF | | |
| STREET ADDRESS | 9341 S W 53RD STREET MIAMI FL | | 2 3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | MINNI FL | DELETE | 2. 4 C/TY-ST-7/P 3.1 T/TLE | | Change Addition |
| NAME | | | 3.2 NAME | | C sharing C rigorinal |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-S1-ZIP | | |
| TITLE | | DELET[| 4 1 TITLE | | Change Addition |
| NAME | | | 4 2 NAME | | 1. |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 05,516 | 4.4 C(1Y - ST - Z(P | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition |
| NAME ATACET ADDRESS | | | 5.2 NAME | | A1 1 2/1/1/21 |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | , | /////////////////////////////////////// |
| CITY-ST-ZIP TITLE | | DELETE | 54 CITY-ST-ZIP 6.1 TITLE | | Change Addition |
| NAME | | print | 6.2 NAME | 100002165 -05/06/9701003 | 4 T I |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 05/06/9701003- | 016 |
| CITY, CT. 7IP | | | 6.4 C(1v. \$1. 2(P | ***173.75 | |

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 logal effect as if made under eath, that it am an officer or director of the proporation 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 or on an attachmost with an address.