## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

DOCUMENT #



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State

19	996 📉 🤏	DIVISION OF C	ORPORATIONS		
DOCUM 1. Corporation N	IENT # <b>F950</b>	00000600 (5)			
AVANT ENTERPRISES CO					
Principal Place of	f Business	Mailing Address			ONI EONY ORNO DINI OENE EON 1891
2450 S.W. 137 Suite 281 Miami Fl 3317	Profile	2480 S.W. 137TH AVE.  14 Let. SUITE 221  MIAMI FL 23175  17. 33 13 4		Date Incorporated or Qualified 3a.     02/06/1995	Date of Last Report
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution LJ	Added to Fees
Zip	Country	Zφ	Gountry 30	8. This corporation has liability for intang Florida Statutes  Yes Yes	
24	9. Name and Address of Cu	29   Prrent Registered Agent	30	10. Name and Address of New Regist	
			B1 Name	ma Hartin-Lavier	110
MARTIN-I	LAVIELLE, ANA		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
2450 S.W. 137TH AVE.			901	Ponce de leon Blud.	
SUFFE 22	<del>!!-</del>		83 Suite	502	
MIAMI FL	<del>. 33175 -</del> 1		84 City	10 1/05 T/	FL 85 Zip Code 33/34
44 Days contro	thy are injury of factions 607.	0502 and 617 1508 Florida Statutes	the above named corno	ration submits this statement for the purpose	of changing its registered office
or registered	d agent, or both, in the state of	Florida Such change was authorized	d by the corporation's boa	ration submits this statement for the purpose and of directors. Thereby accept the appointment	ent as registered agent. Lam
SIGNATURE _	n, and accept theyoungenous to	XUL			
SIGNATURE			Hagidened Agent signature require		ALE ENDERSTAND IN 19
12.		S AND DIRECTORS	13.	ADDITIONS CHANGES TO OFFICERS	Change Addition
TITLE	PD POOR LUIC	[ ] bttett	1.2 NAME		
NAME STREET ADORESS	ROSA, JOSE LUIS 2450 S.W. 137TH AVE.		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY - ST - ZiP		
TITLE	SD	DELETE	2 1 TITUE		Change Addition
NAME	MARTIN-LAVIELLE, ANA	Ga Ponced Gom	2.2 NAME		
STREET ADDRESS	2450 S.W. 137TH AVE.	- Ste Sonce Le leon	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33175	Caralgables, 09 3313	2.4 CHTY+ ST+29P		Change Addition
TITLE			3.2 NAME		
NAME STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - \$1- ZIP		
TITLE		DELETE	4 1 lilis		Change 🔲 Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - \$1 - ZIP 5.1 THE		Change Addition
TITLE NAME		L.J Sett it	5 2 NAME	500001841 -05/28/9601068	555
NAME STREET ADDRESS			5.3 STREET ADDRESS	~-05/28/96 <b>~-01</b> 068	008
CITY - ST - ZIF			5.4 CHY+ST+7IP	***225.00	
TITLE		☐ DELETE	6 1 TITLE		Criange Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	alling with this flow is exhibited the	64 City -St -7/P	for the exemption stated in Section 1:9.07(3	n(k) Florida Statutes. I further
certify that	the information indicated on this	plied with this hing is voluntarily damped is amula region or supplemental anni or poration or the receiver or truster b, or on an attachment with an addr	uar report is true and accu e empowered to execute t	for the exemption stated in Section 11.39 of the rate and that my signature shall have the same this report as required by Chapter 607. Florida	e legal effect as if made under Statutes; and that my name

SIGNATURE:

SURVAINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duyther Probe

Charle