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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G50844

(1)

FILED									
Apr 23 1997 8:00am									
Secretary of State									

EH ED

Principal Plac	rez Igarland hwy. Suite 4	Mailing Address % MAGIN PEREZ 417 WEST SUGARLAND CLEWISTON FL 33440-3		JITE 4	•				
						3. Date Incorporated or Qualified 07/12/1983		te of Last R <b>23/1996</b>	eport
2. Principal P	lace of Business	2a. Mailing Address	2s. Mailing Address			4. FEI Number	<u> </u>		oplied For
21		26			59-2287739		No	ot Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired	
City & Stat 23	te	City & State			Election Campaign Financing     Trust Fund Contribution	П	\$5.00 Added	•	
Zip	Country	Zip	Co	untry		8. This corporation has liability for			
24	25	29	30	·			Yes [		, 100.000,
	9. Name and Address of Curren					10. Name and Address of New Re	gistered /	igent	
PEI	REZ, MAGIN			81	Name	<del></del>			
417 WEST SUGARLAND HWY. SUITE 4				82	Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
, CL	EWISTON FL 33440			83					
				84	City	<del>, , , , , , , , , , , , , , , , , , , </del>	FL	<b>85</b> Zip (	Code
	to the provisions of Sections 607,050; registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida Stat of Florida Such change wa ations of, Section 607.0505.	tutes, the a s authorize Florida Sta	above ed by atutes	named cor the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of of the appo	changing it pintment as	s registered registered
SIGNATURE	Signature, Typned or printed name of registored agei				nt signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND		13,			ADDITIONS/CHANGES TO OFFIC	ERS AND		· · · · · · · · · · · · · · · · · · ·
TITLE	PTD COSTALA	DELETE	1.1 1		ì			Change	Addition
NAME	PEREZ, JOSEFINA			NAME		•			
STREET ADDRESS	417 W. SUGARLAND HWY #4	1			ADDRESS				[1
CITY-ST-ZIP	CLEWISTON FL STD	DELETE		CITY - S TITLE	T+ ZIP			Change	Addition
NAME	PEREZ, MAGIN(VICE-TREAS)	L DECEIE			ł			Criange	Montion 1
	417 W. SUGARLAND HWY #4	1	1	NAME CTOFFT	ADDRESS				
STREET ADDRESS	CLEWISTON FL	•	4		1				
CITY-ST-7IP	OLLINOIOII I L	DELETE	3.17	CITY-S TITLE	91 - ZIF			Change	Addition
NAME	}			NAME					
STREET ADDRESS					ADDRESS				
CHY-ST-ZIP	}			CITY-S					İ
TITLE		☐ DELETE		TITLE				Change	Addition
NAME	l I		4.2	NAME	1	•			
STREET AFIDRESS	1		4.3 \$	STREET	address				
CITY-ST-7:P		·		CITY-S	T-ZIP				
DILE		☐ DELETE	- 6	TITLE	}			☐ Change	Addition
NAME				NAME					
STREET ADDRESS	]				ADDRESS				
CITY - ST - 7IP		T nei exe		CITY-S	1-ZIP				1,330
TITLE		DELETE		TITLE	ļ			L Change	Addition
NAME	}		i i	NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			6.4 (	CITY - S	T-ZIP	die Continue de Caronia Financia	1.6		

4. 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 suppliemental 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 OF PRINTED NAME OF SIGNING FFICER OR DIRECTOR

4/15/97 94-983-9374-