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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OI STATE

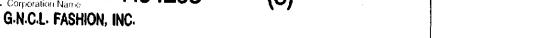
Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H04298

(6)

FILED May 28 1997 8:00am Secretary of State



Principal Piz 4700 E 10TH HALEAH FL 3		Mailing Address 4716 E. 10TH CT, HIALEAH FL 33013-2122				
US				·	3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal	Piace of Business	2a. Mailing Address			05/17/1984 4. FEI Number	05/21/1996
21		26		59-2457721	Applied For Not Applicable	
Suite Apt. # etc.		Suite, Apt. #, etc.			CO 7E *********	
City & State		27		5. Certificate of Status Desired	Fee Required	
23	ne	City & State		e.	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Coun	dra.	Trust Fund Contribution	Added to Fees
24	25	29	30	i	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
L	9. Name and Address of Curren	t Registered Agent	,30 <u>,</u>		10. Name and Address of New Re	
VAL	DES, LUCIANO			i Name		
19731 E. OAKMONT DRIVE HIALEAH FL 33015				2 Street Address (P.O. Box Number is Not Acceptable)		
, nia	LEAN PL 33015					
				8		
			H	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 050:	2 and 607 1509 Florido Ptat.	*****	1		
office or agent. La	to the provisions of Sections 607,050, registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was	authorize	e-named corpora	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its registered the appointment as registered
SIGNATURE	with the accept the obliga	ations of Section 607,0505, F	forida Staf	S.		1
	Sign of the hypindion printed name of registered agen	nt and title if applicable (NO	TE: Registere	unt signature requi	red when reinstating)	DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
THLE NAME	VALDES, CARMEN	DELETE	1.1 10			☐ Change ☐ Addition
STREET ADDRESS	19731 E. OAKMONT DRIVE		1,2 NJ			
01Y-\$1-7.2	HIALEAH FL 33015		1.3 \$1	1 Address		{
I-fLE	STD	DELETE	1.4 CI	ST - ZIP		
NAME	VALDES, LUCIANO		2111			Change Addition
STREET ADDRESS	19731 E. OAKMONT DRIVE		22 NA 23 ST	T ADDRESS		
CHY-ST-7iP	HIALEAH FL 33015		2 4 D	- ST - 7/1P		**************************************
11'(f		DELETE	3 1 TII	-31-714		☐ Change ☐ Addition
NAME			3.2 N/			
STREET ADDRESS			3.3 ST	ET ADDRESS		}
Offy-St 7th Title			3.4. CI	- ST - 21P		
NAM:		☐ DELETE	4.1 10			Change Addition
S REET ADDRESS			4. 2 No	1E ,		
City St-Zin			4.3 ST	et address		
Title F		DELETE	4.4 CI 5.1 TI	-ST-ZIP		Change Addition
NAMI :		WALLELL DECETE		Ε		Change Addition
STREET ADDRESS				ET ADDRESS		
CCY ST-ZE			5.4 CF	-ST-ZIP		
THE	· · · · · · · · · · · · · · · · · · ·	DELETE	61711	E		Change Addition
NAME OTHER LAB STREET			6 S MA	ne)
STREET ADORESS			6351	ET ADORESS		
011Y-51-2# 14. 1 do horeby	y certify that the information supplied v	with this files de-	64 01	-ST-ZIP		
information	Indicated on this annual report or sur	viole tries mility does not qualify	ror the	xemption states	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the

information indicated on this annual report or supplemental annual report is true and a Lam an officer or director of the corporation or the receiver or trustee empowered to a appears in Block 12 or Block 13 if changed, or on an attachment with an address. xemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the curate and that my signature shall have the same legal effect as if made under oath; that ecute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: X SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ON DIRECT

Praides x 5.2.97

(3(D) HEER YOR Dayling Phone |