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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## Mar 17 1997 8:00am Secretary of State

| DOCUMENT # H34290 (7) AWARDS, INCORPORATED  Principal Place of Business  Mailing Address  The Saw Agent Appendix |   |   |                                |   |  |
|--|---|---|--------------------------------|---|--|
| 8768 S.W. 131ST STREET<br>MIAMI FL 33176   |   | 8768 S.W. 131ST STREET<br>MIAMI FL 33176-5908 |                                |   |  |
|  |   |   |                                | 3. Date Incorporated or Qualified 3a. Date of Last Report 06/20/1996  |  |
|  | lace of Business  | 2a. Mailing Address                           |                                | 4. FET Number Applied For   |  |
| Suite, Apt.  | #, etc.   | 26  |                                | 59-2523055   Not Applicable   \$8.75 Additional   |  |
| 22   |   | 27  |                                | 5. Certificate of Status Desired Fee Required   |  |
| City & State   | 0   | City & State                                  |                                | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  |  |
| Zip<br>24  | Country<br>25   | 7ip   | Country<br>30                  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \[ \int \text{No} \] No   |  |
|  | 9. Name and Address of Current  |   |                                | 10. Name and Address of New Registered Agent  |  |
| CRA  | VEZ, LARRY  | 00000   | 81 Name                        | •   |  |
|  | D WEST GALUSA CLUB DRIVE 9  | 1441 7. M. 15¢                                | 82 Street                      | Address (P.O. Box Number is Not Acceptable)   |  |
| MIN  | אוור <u>ב סטוסט האיי</u>  |   | 83                             |   |  |
|  |   |   | 84 City                        | <b>85</b> 7 p Code  |  |
|  |   |   |                                | FL  |  |
| office or re   | to the provisions of Sections 607.0502 a<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | Florida Such change was a                     | authorized by the corp         | I corporation submits this statement for the purpose of changing its registered<br>rporation's board of directors. Thereby accept the appointment as registered |  |
| SIGNATURE  | Signature, typed or panied name of regestered agent a   | end the if anoth sable RNOT                   | L. Begisteree Agent signature  | e processes when teinstating) DAT:  |  |
| 12.  | OLEICERS AND (  |   | 13.                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE  | P<br>ODAVEZ LADOV   | L_  DELETE                                    | 1.5 THEE                       | Change L Addition   |  |
| NAME STORES  | CRAVEZ, LARRY   |   | 1.2 NAME<br>1.3 STREET ADDRESS | aggr S. W. 126 TERR.  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | MIAMI FL  |   | E.4 CITY- S1- ZIP              | MIAMI, FLA. 33174   |  |
| TITLE  |   | DELETE  | 21106                          | Change Addition   |  |
| NAME   |   |   | 2.2 NAME                       |   |  |
| STREET ADDRESS   |   |   | 2.3 STREET ADDRESS             |   |  |
| CITY-ST-ZIP  |   | DELETE  | 2 4 C 1Y - S1 - 7P             | Change Addition   |  |
| TITLE<br>NAME  |   | L'I mui                                       | 3.1 THUE<br>3.2 NAME           | La change La Aparton  |  |
| STREET ADDRESS   |   |   | 3.3 STRLET ADDRESS             |   |  |
| CITY-ST-ZIP  |   |   | 3.4. DHY - S1 - 7F             |   |  |
| TITLE  |   | ☐ DELITE                                      | 4.1 T(1)LF                     | Change Addition   |  |
| NAME   |   |   | 4. 2 NAME                      |   |  |
| STREET ADDRESS   |   |   | 4.3 STREET ADDRESS             |   |  |
| CITY-ST-ZIP  |   |   | 4.4 CHY+S1 7/F                 |   |  |
| TITLE  |   | DECETE  | 5.1 TITLE                      | Change Addition   |  |
| NAME   |   |   | 5.2 NAME                       |   |  |
| STREET ADDRESS   |   |   | 5.3 \$1R(11 ADDRESS            |   |  |
| CITY-ST-ZIP<br>TITLE   |   | DEFETE  | 6.4 CHY - ST - ZIP             | Change Addition   |  |
| NAME   |   |   | 62 NAME                        | Li violigi  |  |
| STREET ADDRESS   |   |   | 63 STREET ADDRESS              |   |  |
| CITY-ST-ZIP  |   |   | 6.4 C+1Y+S1+ZIP                |   |  |
|  | ov certify that the information sopplied v  | with this filing does not ougli               |                                | stated in Section 119 07(3)(i) Florida Statutes I further certify that the  |  |

Too increase carries that the information supplied wind this angular for quality for the exemption stated in Section 119.07(3)(), Florida Statutes. 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 eath; 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.

V3/12/97 (305)235-334