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

PROFIT **CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT 8		DIVI	Secretary of State DIVISION OF CORPOR		ONS		Secretary of State				
	MENT # H34:		(6)								
Principal Place 8182 N.W. 3 MIAMI FL 30 US	IST STREET		8182 N.W. 31ST STREET MIAMI FL 33122					DO NOT WRIT			
							12/1	orporated or Qualified 1/1984			
2. Principal Pi	ace of Business	26, Mailing Add	dress				4. FEI Num <b>59</b> -	2620161		<u> </u>	oplied For ot Applicable
Suite, Apt.	₩, etc.	Suite, Apt.	#, etc.				5. Certifica	te of Status Desired		\$8.75 A	
City & State		City & State	)					Campaign Financing nd Contribution		\$5.00 Added t	
Zip 24	Country 25	7 <sub>(P)</sub>	30	Country	/		•	poration owes or has p Property Tax due Jun	_		angible No
	9. Name and Address of Cu	rrent Registered Agent					0. Name a	nd Address of New R	egistered	Agent	
	UILLERMO, PALOMO JR			81	Name						
-	182 NW 31ST ST					Address	(P.O. Box N	lumber is Not Accepta	ible)		
М	IAMI FL 33122			83			· - · · · · · · · · · · · · · · · · · ·			<del></del>	
				84	City					<b>85</b> Zip (	Code
44 0	40	0.00	· (- 60-) · · · · · · ·		Í				FL	<u>. III </u>	
office or re	o the provisions of Sections 607 egistered agent, or both, in the S n familiar with, and accept the o	State of Florida. Such cha	inge was autho	rized b	y the corp	corpora poration	tion submits s board of o	i this statement for the firectors. I hereby acci	purpose of opt the app	i changing it wintment as	s registered registered
SIGNATURE	п патынат мяда, алто ассоря тле о	Digations of, Section 60	7.0505, Florida	Statute	<b>S</b> .						
··	Signature, typod or printed name of registere				ent signature	e required w	hen reinstating)		DATE		
12.	OFFICERS DP	AND DIRECTORS		13.		<del></del> -	ADDITION	S/CHANGES TO OFF	CERS AND	DIRECTOR  Change	Addition
TITLE NAME	CARLOS ZALDIVAR	A	•	1.1 TITLE 1.2 Name		P					ES AUGINON
STREET ADDRESS	8182 N.W. 31ST STREET	т			ADDRESS			PALOMO Jr.			
CITY-ST-ZIP	MIAMI FL	•		1.4 CITY - S				31st. STREE	T		
TITLE	(112 )// (2			2.1 TITLE		MIA	M <del>I y Kin</del>	33122		Change	Addition
NAME				2.2 NAME							
STREET ADDRESS			[:	2.3 STREET	ADDRESS						
CITY-ST-ZIP				2. 4 CiTY-	ST - ZiP						
TITLE				3.1 TITLE						∟ Change	☐ Addition
NAME				3.2 NAME							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP TITLE				3.4. CITY- 6.1 TITLE	S1-2IP	<del> </del>				Change	Addition
NAME				. 2 NAME							
STREET ADDRESS			<b>.</b>	4.3 STREET	ADDRESS	Ì					
CITY-ST-ZIP				1.4 CITY - S	T-2 <u>IP</u>	ļ					
TITLE			DELETE	5.1 TITLE						☐ Change	Addition
NAME			1	5.2 NAME	1	1					
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				5.4 CHY-5 5.1 TO LE	1 - 2(P	<del> </del>		<del>_</del>		☐ Change	☐ Addition
TITLE				5.1 HILE 5.2 NAME	}	}				— onacigo	☐ ∧outros
NAME Street address					ADDRESS						
OIRCEI MUURESS		, ,	T i	J.O OTREE!	MUDITESS	ļ					1

I hereby certify that the information indicated on this annual report of officer or director of the corporation Block 12 or Block 13 if changed.

1/12/02

the solution of the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

**FILED** 

Apr 22 1998 8:00am