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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTAMA OF STATE

**FILED** 

May 15 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<ol> <li>Corporation Nar</li> </ol>	ENT # H3500 SULTANTS, INC.	Mailing Address			
4601 S.W. 71 AVE. 4601 S.W. 71 AVE. MIAMI FL 33155-4619					
				3. Date Incorporated or Qualified 12/20/1984	<b>3a.</b> Date of Last Report <b>03/20/1996</b>
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2786588	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
23		28	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
24 9.	25     Name and Address of Curro		30	10. Name and Address of New Reg	<u> </u>
HERNAN	IDEZ, JOSEFINA E.		81 Name	Les mendez Est	11/12
	.W. 34 ST.		82 Street Addr	ress (P.O. Box Number is Not Acceptable	(f)
MIAMI FL 33175			83	24265 D. 3K5	rae/
•					
•			84 City	iAMI	FL 85 Zip Code
11. Pursuant to the	provisions of Sections 607.0	502 and 607, 1508, Florida Statu	ites, the above-named corp	poration submits this statement for the pution's board of directors. I hereby accept	prose of changing its registered
agent. Lam far	(4) 4 1 14.	<i></i>	lorida Statutes.	tion's board of directors. I hereby accep-	, the appointment as registered
SIGNATURE 💥	him, typind or printed name of registered a	berronsky	OTE: Registered Agent signature requir	and when principalities	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
nu P		DELETE	1.1 TITLE		Change Addition
	RNANDEZ, JOSEFINA E.	• •	1.2 NAME		
	425 S.W. 34 ST.		1.3 STREET ADDRESS		
	MIAMI FL	DELETE	1.4 CiTY+ST-ZIP		Change Addition
TITLE .	ERMANDEZ, EL 2425 FW 34 11AMI, EVA. 33	LADIO LI DELERE	21 TITLE		CHARGE CAMUNION
NAME STREET ADDRESS	01105 5(1) 84	1971007	2.2 NAME 2.3 STREET ADDRESS		
City St - ZiP	libri Eld 33	175	2.4 CITY-ST-ZIP		
TIPLE	Colonia de la Constantina della Constantina dell	☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		·
CITY-S1-ZiF		DELETE	3.4. CITY - ST - ZIP		Addison Addison
DILE		DELETE	4.1 TITLE	•	Change Addition
NAME CTRUET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS   CITY-ST-7IP			4.4 CITY-ST-ZIP	•	
TIFLE	. A	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C-TY - ST - ZiP			5.4 CITY-ST-ZIP		
HTCE		☐ DELETE	6.1 TITLE		Change Addition
NAVE			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City St-ZIP	while that the information curn	slied with this filing does not our	6.4 CITY-ST-ZIP	d in Section 119.07(3)(i), Florida Statutes	I further cortify that the
information inc	dicated on this annual report of	or supplemental annual report is	s true and accurate and that	at my signature shall have the same lega	I effect as if made under oath; that