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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 28 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # H85031

(3)

Lam an off-cer or director of the corporate appears in Block 12 or Block 13 ii change

SIGNATURE:

Principal Place 360 NE 152ND MIAMI FL 3316	ST	Mailing Address 360 NE 152ND ST MIAMI FL 33162-5018					
					3. Date Incorporated or Qualifie 11/13/1985	3a. Date of Last 06/25/1996	Report
	lace of Business	2a. Malling Address			4. FEI Number		oplied For
21		26			59-2523374		lot Applicable
Suite, Apt #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired		Additional Required
City & State		City & State	h		6. Election Campaign Financing		May Be
Z ip	Country	28	Country	,	Trust Fund Contribution 8. This corporation has liability		10 Fees
24	25 29 30		-n '	•	Florida Statutes	Yes No	s. 183.032,
	9, Name and Address of Curr				10. Name and Address of New	Registered Agent	* *************************************
GUALTIERI, DANIEL			81	Name			
	N.E. 152ST		82	82 Street Address (P.O. Box Number is Not Acceptable)		**************************************	
MIA	VII FL 33162		83	 			
					, , , , , , , , , , , , , , , , , , , 		
			84	- 1			Code
office or n agent ±ar SIGNATURE	egistered agent, or both, in the Sta m familiar with and accept the ob Styrishine typed or printed barne of registered				orporation submits this statement for the ation's board of directors. I hereby acquired when reinstating)	DATE.	s registered
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	
THEF	PD DANIE	DELETE	1.1 TITLE			Change	Addition Addition
NAME	Gualtieri, Daniel 360 n.e. 152st		1.2 NAME				
STREET ADORESS CITY - ST. 200	MIAMI FL		1.4 CITY-5	T ADDRESS			
1011 - 21 ZII			2.1 TITLE	51 - ZIP	4-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Change	Addition
NAME	GUALTIERI, EVE		22 NAME				
STREET ADDRESS	360 N.E. 152ST		2 3 STREET	FADDRESS	•		
CITY - S1 - Ziff			2 4 CITY-	ST-ZIP			F-1 1.4355
J-TLE	, <u></u>		31 TITLE			* Change	Addition
NAME STREET ADORESS	ATTO A MIL ASSISTANCE		3 2 NAME	T ADDRESS			
CIBY - ST - ZIP	maker fi		3 4. CITY-				
THLE			41 TITLE			☐ Change	Addition
NAME			4 2 NAME		•		
STREET ADDRESS				ADDRESS			
CHY-ST Zer Title		DELETE	4.4 CITY-S 5.1 TITLE	ST - ZIP		Change	Addition
NAME		<u></u>	52 NAME				
STREET ADDRESS			53 STREET	r address			
GBY-S1-70			5.4 CITY - 5	ST-ZIP			
Total			61 TITLE			Change	Addition
NAME COLOR ALEGERAL		`	62 NAME		1		
STREET ADORESS			6.3 STREET	F ADDRESS	4		
14. I do herel	by certify that the information supp	led with this liling loes not quality	or the exe	emption state	ed in Section 119.07(3)(i), Florida Stat	tutes. I further certify that	it the
informatio Lam an of	ri indicated on this annual report of floor or director of the corporation	r supplemental a inual report is true or the ruckive or trustee employe	and acc	urate and the	at my signature shall have the same le ort as required by Chapter 607, Floric	egal effect as if made un ta Statutes; and that my	nder oath; that name