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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation	MENT # J06089 TERNATIONAL CORP.	(3)					
Principal Place	of Business	Mailing Address			I 100/100 DYAY ORAHO DAHA ODADI EDINA ADAF	MHOU DINKY DINKY MINI	OHOK OYOK IYO
7426 SW 48TH ST. MIAMI FL 33155-4415 US		7426 SW 48 ST. MIAMI FL 33155-4415 US					
					3. Date Incorporated or Qualified 03/17/1986	3a. Date of Le 06/03/199	ast Report 96
~ · · · · ·	ace of Business	2a. Mailing Address			4. FEI Number 59-2045201		Applied For
Suite, Apt. i	# etc	Suite Apt. #, etc.			38-2043201		Not Applicable 75 Additional
22	, 40.	27			5. Certificate of Status Desired		e Required
City & State	)	City & State			6. Election Campaign Financing		.00 May Be
23		28	Counti		Trust Fund Contribution		lded to Fees
Zip 24			30	ontry  8. This corporation has liability for Intangible tax under s. 199.03  Florida Statutes   Yes  No		der s. 199.032,	
241	9, Name and Address of Current		301		10. Name and Address of New Re		
GAR	CIA, BORIS		8	Name			
	3 SW 48 ST.		8	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)	
MAIM	WI FL 33155						
			8:	3]		•	
			8-	4 City		FL 85	Zip Code
11 Pursuant 1	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	es the abo	ve-named com	poration submits this statement for the r		ing its registered
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State om Mamiliar with, and accept the obligat	of Florida. Such change was i ions of, Section 607.0505, Flo	authorized t orida Statuti	by the corporations.	oration submits this statement for the p ion's board of directors. I hereby accep	of the appointmen	nt as registered
	Signature, typed or printed name of registered agon	·		gent signature requir		DATE	27000 11140
12.	OFFICERS AND	DIRECTORS	13.	γ	ADDITIONS/CHANGES TO OFFIC	JEHS AND DIREC	
NAME	GARCIA, BORIS	<u> </u>	1.2 NAME	. [			
STREET ADDRESS	7426 SW 48 ST.		1	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY	'n	•		1
TITLE	VID	DELETE	2.1 TITLE			☐ Cha	ange Addition
NAME	NOYOLA, GUSTAVO A.		2.2 NAME		To the safe		
STREET ADDRESS	7426 SW 48 ST.		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIAMI FL		2. 4 CITY				T 2 (18)
TITLE		☐ DELETE	3.1 TITLE	ľ		L Cha	ange L. Addition
NAME			3.2 NAMI				
STREET APPRESS			Ti .	ET ADDRESS			
CITY-S1-ZIP TIFLE		DELETE	3.4. CITY 4.1 TITLE		······································	Cha	ange Addition
NAME			4. 2 NAM	)			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		DELETE	5 1 TITLE			☐ Cha	ange
NAME			5.2 NAMI				
STREET ADDRESS				ET ADORESS			
CITY - ST - ZIP		DELETE	5.4 CITY 6 1 TITLE			☐ Ch	ange Addition
NAME		ניין מנונונ	6.2 NAM			CIR	ango [] Adunoni
STREET ADDRESS				ET ADDRESS			
CITY ST-ZIP				-ST-ZIP			
14. Lag heret	by certify that the information supplied	with this filing does not qual	ly for the ex	emotion stated	d in Section 119.07(3)(i), Florida Statute	s. I further certify	that the
informatio Lam an o	on indicated on this annual report or sufficer or director of the corporation or the Block 12 or Block 13 if changed, or	ipplemental annual report is ' the receiver or trustee empoy	rue and ac vered to exe	curate and that ecute this repor	t my signature shall have the same legate as required by Chapter 607, Florida S	ir effect as if mad Statutes; and that	ie under oath; tha my name

SIGNATURE

GUS FAYO NOVO CALL SULLES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/86

(305) 661-1384

**FILED** 

Jan 31 1997 8:00am

Secretary of State

Daytime Phone # 0209221