FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J28121

(8)

FILED Mar 19 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 15476 NW 77 CT. 15476 NW 77 CT.									
MIAMI LAKES FL 33016 US			436 Miami Lakes FL 33016-5823 US						
		US				3. Date Incorporated or Qualified 08/11/1986			
2. Principal P 21	Place of Business	28. Mailing Address	28. Mailing Address 26			4. FEI Number 59-2725071	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	е	City & State				6. Election Campaign Financing		\$5.00	May Be
Zip	Country	28 Zip	Cour	itry		Trust Fund Contribution 8. This corporation has liability for in		x under s	to Fees . 199.032,
24	25 9. Name and Address of Curi	29 rent Registered Agent	30			Florioa Statutes 10. Name and Address of New Reg	Yes istered Ag		
	S, AMALIA HELEN			81 Name		700 VI. 174 V.			
	76 NW 77 CT/ TE 436			32 Street	Address	ddress (P.O. Box Number is Not Acceptable)			
MIAIM	MI LAKES FL 33016			83		V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
<i>x</i>			[B4 City			FL	85 Zip (Code
11. Pursuant office or reagent. La	to the provisions of Sections 607.0 egistered agent, or both, in the Str m familiar with, and accept the ob	502 and 607-1508, Florida Sta ite of Florida. Such change wa ligations of, Section 607.0505,	lutes, the ab is authorized Florida Statu	ove-named by the cor les.	1 corpora poration	tion submits this statement for the pu s board of directors. Thereby accept	rpose of ch the appoin	anging it tment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered	ager Land tile d'applicable (6	OTE: Registered	Agent signature	е тедитео w	tion religitating)	DATE		
12.		AND DIRECTORS	13.		,	ADDITIONS/CHANGES TO OFFICE			S IN 12
TITLE NAME	PD Litos, amalia helen	DELETE	111111					Change	Addition
STREET ADDRESS	7910 N.W. 167 TERR.		12 NAM 13 STR	te l'Address					
CITY-ST-ZIP	HIALEAH FL			r- \$1- ZIP	22	016			
TITLE		DELETE	2 1 7111					Change	Addition
.NAME			2 2 NAN	10					
STREET ADDRESS			2 3 STR	ELI ADDRESS					
CITY-ST-ZIP		T ourse		Y-ST-7IP					
TITLE NAME		☐ DETEJE	3.1 HJ:		-		L	Change	Addition
STREET ADDRESS			3.2 NAM	it EFT ADDRESS	-				
CITY-ST-ZIP				r - ST - ZIP					
TITLE		DELETE	41180		ł·			Change	Addition
NAME			4 2 NA!	Λέ				J	_
STREET ADDRESS			4.3 S1R	ET ADDRESS					
CITY-ST-ZIP			4.4 C!1)	- \$1- <i>7</i> II [,]	l				
TITLE		C) DELETE	5.1 ไทเ	•				Change	Addition
MAME			5.2 NAM	t					ļ
STREET ADDRESS			- 1	EL ADURESS					
CITY-ST-ZIP TITLE		DITE		- ST - 71P	ļ			Change	Medition
NAME		L_J OLCCIE	6 1 THTL]			Change	Addition
STREET ADDRESS			6.2 NAM	ET ADDRESS					
CITY-ST-ZIP	, No.		6.4 CITY						
14. I do hereb	y certify that the information suppl	ied with this filing does not qua	alify for the o	xemotion s	tated in S	Section 119.07(3)(i), Florida Statutes.	I further ce	rtify that f	the
Information	n indicated on this annual report o	r supplemental annual report is or the receiver or trust ed c app	s frue and ac owered to ex	cutale and	i that my	signature shall have the same legal required by Chapter 607, Florida Sta	offact ac if r	nado uno	tedt dtee rok