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PROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

MODICAGE BROKERS CENTRE INC

FILED May 08 1997 8:00am Secretary of State

Suite, Apt. #, etc. Suite, Apt. #, etc.	Principal Plac	THE PROPERTY CENTRE, IN THE PROPERTY OF BUSINESS VEST EIGHTH STREET ES FL 33134	Mailing Address 3837 SOUTHWEST EIGHTH CORAL GABLES FL 33134			
2. Principal Place of Businoss 2e. Mailing Address 5. Exhibition Applied Applied Suite, Apt. ft. etc. 25 Suite, Apt. ft. etc. 27 Suite, Apt. ft. etc. 28 Suite, Address of Current Registered Agent 28 Suite, Address of Current Registe						
Suite, Apt. #, etc. 27		Place of Business	2a. Mailing Address			4. FEI Number Applied For
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28 28 29 30 Florida Statutes Total No	23			· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
DE ARMAS, ARISTIDES 3837 SOUTHWEST EIGHTH STREET CORAL GABLES FL 33134 18		⊢ ′	<u>-</u>		ry	8. This corporation has liability for intangible tax under s. 199.032,
DE ARMAS, ARISTIDES 3837 SOUTHWEST EIGHTH STREET CORAL GABLES FL 33134 80 City FL 85 Ci	241			[30]		
3837 SOUTHWEST EIGHTH STREET CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Codo 11. Pursuant to the provisions of Socilons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis regist office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent at marmillar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE SIGNATURE OFFICERS AND DIRECTORS Signature, lyced or prened name of registered agent and free if applicable. DE ARMAS, ARISTIDES 3837 SW 8TH STREET OCRAL GABLES FL DELETE 11. DELETE 21. NAME STREET ADDRESS CITY-ST-2P CORAL GABLES FL DELETE DELETE 3. SINET ADDRESS 12. NAME 3. SINET ADDRESS	00		Trioglocolou Agent		11 Name	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or I am an officer or director of the opporation or the receiver or trusted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or	14 I do here	aby certify that the information supplied	d with this filing does not quali	ify for the e	vernation :	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

4-29-97