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PROFIT CORPORATION ANNUAL REPORT

1997



FLOHIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Mar 04 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J72934

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SIGNATURE

Principal Place of Business Mailing Address 16774 N.W. 67TH AVE. 16774 N.W. 67TH AVE. MIAMI FL 33015 MIAMI FL 33015-4202 3a. Date of Last Report 3. Date Incorporated or Qualified 05/15/1987 04/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2811863 SAME 26 Sprag 6 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 HERNANDEZ, MIGUEL A. Name 13285 SW 102ND ST. 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33186 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ensemble that on one of receive of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE 1.1 TITLE Change Addition HLE GARCIA, ANTONIO N. NAME 1.2 NAME 16774 NW 67TH NE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL CHY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TILLE 2.1 TOLE GARCIA, LYDIA E. NAM: 2.2 NAME 16774 NW 67TH NE STREET ADDRESS 2.3 STREET ADDRESS MIAMI., FL CHV-SE-ZIP 2. 4 CITY-ST-ZIP DELETE 10LE 3.1 TOLE ☐ Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-\$1-20 3.4 CITY-ST-ZIP DELETE THEE 4.1 TITLE ☐ Change ___ Addition NAM: 4. 2 NAME STREET AUDF:55 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHY \$1-700 DELETE TILLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-26 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 supplied annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the provider empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name