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

DOCUMENT # K18537

(6)

		HILEL)
Apr	15	1997	8:00am
Se	cre	tary o	f State

Principal Place of Business * JOSE ORLANDO SUAREZ 900 NE 82ND ST NORTH MIAMI FL 33138	Mailing Address % JOSE ORLANDO SL 900 NE 82ND ST NORTH MIAMI FL 3313			
			03/21/1988	3a. Date of Last Report 08/13/1996
Principal Place of Business 21	2a. Mailing Address 26		4, FEI Number 65-0036124	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
	ountry Zip	Country	Trust Fund Contribution L 8, This corporation has liability for inte	
24 25	29	30	Florida Statutes	
	ddress of Current Registered Agent	81 Name	10, Name and Address of New Regis	stered Agent
SUAREZ, JOSE ORLA	NDU	o Name		
900 NE 82ND ST NORTH MIAMI FL 331	120	82 Street Add	ress (P.O. Box Number is Not Acceptable))
NORTH MIAMI PL 331	136	83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of the office or registered agent, or agent. I am familiar with, and	Sections 607.0502 and 607.1508, Florida St both, in the State of Florida Such change w accept the obligations of, Section 607.0505	atutes, the above-named cor as authorized by the corpora , Florida Statutes.	poration submits this statement for the purition's board of directors. I hereby accept t	pose of changing its registered he appointment as registered
SIGNATURE				
····	name of registered agent and title if applicable. OFFICERS AND DIRECTORS	NOTE: Registered Agent signature requ	red when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE
12.	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME SUAREZ, JOSE	ORLANDO	1.2 NAME		
STREET ADDRESS 900 NE 82ND S		1.3 STREET ADDRESS		
CITY-ST-ZIP NORTH MIAMI	FL	1.4 CITY - ST - ZIP	•	
THLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		!
CHY-ST-20P		2.4 CiTY-ST-ZIP		
THUE	☐ DELETE	3.1 TITLE		Change Addition
NAME		9.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
TITLE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY+ST-7IP		4.4 CITY - ST - ZIP		
Mre	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
City-St-78	DELETE	5 4 CITY-ST-ZIP		Change Addition
TITLE MANAGE	L.J DELETE	6.1 TITLE	•	Change Addition
NAME STREET ADDRESS		6.2 NAME 6.3 STREET ADDRESS		
CITY-S1-ZIP		6.4 CITY - ST - ZIP		
14. I do hereby certify that the inf	formation supplied with this filing does not q annual report or supplemental annual report the corporation or the receiver or trustee em	ualify for the exemption state is true and accurate and that		ffect as if made under path: that
	e O. Sibatez	audiess.		

OFFRID ON NAME OF SIGNING OFFICER OR DIRECTOR