FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

19	1996		DIVISION OF	CORPORATIONS			
DOCUMENT # K21093		93	(5)				
adrian h	IOMES CORP.					8188 1111 818 11 841	ili Bibli Gible Beder Gran com
Principal Place of Bu	usiness	Mailing Ad	Idress				
2460 S.W. 137TH	C/O MA	C/O MARCIA B. CABALLERO					
MIAMI FL 33175		MIAMI F	V 137 AVENUE L 33175	. #221	3. Date Incorporated or Qualified	Ta. D.	
Principal Place of	Rusiness	U\$ 2a. Mailing Address		04/12/1988 4. FEL Number	04/28/1995		
		26	···		65-0048388		Applied For Not Applicat
Suite, Apt. #, etc	·	Suite, /	Apt. #, etc.		5. Certificate of Status Desired	ĮN.	\$8.75 Additional Fee Required
City & State		City 8 5	State		Election Campaign Financing Trust Fund Contribution	і	\$5.00 May Be
Zip	Country 25	Zip		Country	This corporation has liability for Florida Statutes	intangible ta	Added to Fees under s. 199,032,
9.	Name and Address of Curre	29 ent Registered Ag	gent	[30]	Florida Statutes (X) Ye 10. Name and Address of New I		
CARALLERO	MADOLA D FOOLIDE			B1 Name			
2450 SW 13	MARCIA B ESQUIRE 7 AVENUE			82 Street Addr	ress (P.O. Box Number is Not Accepta	ble)	
SUITE 221				83	* * · · · · · · · · · · · · · · · · · ·		
MIAMI FL 33	175			84 City		·	85 Zip Code
Pursuant to the	provisions of Sections 607.050	02 and 607.1508, F	Torida Statutes	the above named corpor	alion submits this statement for the pu	FL.	voine its societored off
familiar with, and	ent, or both, in the State of Flo Laccept the obligations of, Sec	rida, Such change ction 607.0505, Flo	was authorize; rida Statutes.	d by the corporation's boar	ation submits this statement for the purit of directors. Thereby accept the app	ointment as r	egistered agent. I am
GNATURE	e, typed or printed name of registered age	angang Tabupat S	er e				
		ND DIRECTORS	(30.11)	Hogistered Agent signature regions:	ADDITIONS/CHANGES TO OFF	DAI: HOERS AND I	DIRECTORS IN 12
	SD) DELETE	1 1 1016			Change Addition
	DRIAN, VIVIAN			1.2 NAME			
	160 S.W. 137TH AVE. IAMI FL			13 STREET ADDRESS			
E P[DELETE	1.4 CHY - ST - ZIF 2 1 TILLE			Change Addition
4E AI	DRIAN, ALVARO L.			22 NAME			Change
	160 S.W. 137TH AVE.			2.3 STREET ADDRESS			
	IAMI FL			2 4 C1Y-S1 - Zif*	· · · · · · · · · · · · · · · · · · ·		
] •	DOME OFFI	Ц	DELETE	3 1 THE			Change Addition
PAL	Drian, Pedro J 160 SW 137TH Ave			3.2 NAME			
,	AMI FL			3.3 STREET ADDRESS			
E	, with 1 &		DELETE	3.4 CITY-S1-7IP 4.1 TITLE			Change Addition
IE				4.2 NAME			Change Addition
FFT ADDRESS				4.3 STREET ADDRESS			
- ST - ZIP			···	4.4 CHY+SI+ZIP			
			DELETE	5 1 TITLE			Change Addition
f				5.2 NAME			
ET ADDRESS				5.3 STREET ADDRESS			
-SI-7/P	· · · · · · · · · · · · · · · · · · ·		DC: CTC	5 4 CITY - ST-ZIF		·	
E E		ليا	DELETE	6 1 TITLE			Change
ET ADDRESS				6.2 NAME			
- ST-ZIP				6.3 STREET ADDRESS			
I do hereby certify	that the information supplied	this filing invol	itarily filmish	■ 64 CHY-ST-ZIP ed and does not qualify for	the exemption stated in Section 119.6	07/37k\ Fracia	a Ctatutan 14 du-
certify that the info	ormation indicated on this and officer or director of the cor	Syreport or Jupple	ar near tear with treat	records true and accuran	t and That the Groupture Chall base the i	race local off	and the second manager of the second of
appears in Block	12 or Block 13 if change i,		vith an address	impowered to execute this:	report as required by Chapter 607, Flo	rida Statutes,	and that my name
~ N A ~	. ////	WILL	1/1/1.		f = f		
GNATURE	SIGNATURE AND TYPED OF	S PRINTO NAME OF O	GNING ÖFFICER O	B BIDECTOR	53/25/96		
	THE AND THE OF	V HAME OF SE	GINNO OFFICER (TO DIRECTOR	((epo	D 1,11	ng Phone #