**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K42780

(2)

## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

## **FILED** May 09 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  1065 SW 27 AVE 241 SEVILLA AVENUE										
SUITE 8			sun	TE 805 PAL GABLES FL 33134	.eem					
US	.r 20133		VOI	DE CHULES IE WIST	•••			3, Date Incorporated or Qualified 3a, Date of Last Report 05/01/1996		
2. Principal Place of Business			28.	2a. Mailing Address				4. FEI Number Applied For		
21			26					65-0065941 Not Applicable		
Suile, Apt. #, elc 22				Suite, Apt. #, etc.				Certificate of Status Desired     Section		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be		
23			28	28				Trust Fund Contribution   Added to Fees		
Zip		Country		h, '		intry		8. This corporation has liability for intangible tax under s. 199.032,		
24		25				10		Florida Statutes Yes No		
g. Name and Address of Curren				Hegistered Agent			Name	10. Name and Address of New Registered Agent		
		Cruz, Luis F. Jr. Evilla avenue				81				
ļ	SUITE					82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
		GABLES FL 33134				83				
	00111	. W.DLLO I L VOIO I				84	City	85 Zip Code		
L							City	FL 18 2 P COOR		
11. Put	rsuant to t	he provisions of Sections 607.05 stered agent, or both, in the Stat	02 and 60 le of Florida	7.1508, Florida Statut 3. Such change was a	es, the a	wod	e-named corporal	poration submits this statement for the purpose of changing its registered tion's board of directors. Thereby accept the appointment as registered		
age	ent. I am I	amiliar with, and accept the obli	gations of,	Section 607.0505, Ftd	orida Sta	tutes	S.	tion's board of directors. I hereby accept the appointment as registered		
SIGNAT	TURE		anni and tela if	ANOT	C. Dominton	4 8 0 0	ot departure road	ired when reinstating) DATE		
12,	519	nature, typed or printed name of registered a OFFICERS A			13.	a Age	ent signature requi		G	
THILE		DP DELETE			1.1 TITLE		Change Addition	R2E034 (9/96)		
NAME		NCHUGH, BELKIS			1.2 N	AME	)		Ĭ	
STHEET AS		13238 SW 86 ST			1.3 \$	TREET	ADDRESS	)}	ä	
CITY-SI-	ZIP 1	MIAMI FL			1.4 0	ATY-S	ST-ZIP		$\bar{k}$	
TITLE		DS .		DELETE	2.11	ITLE		☐ Change ☐ Addition C	ر	
NAME		MCHUGH, VINCENT J.			2.2 N	IAME	(			
STREET AL		13238 SW 86 ST			2.3 \$	TREET	ADDRESS			
CITY S1-	ZIF	VIAMI FL		Destr			ST-ZIP	The Change of Addition		
TITLE				DELETE	31 T		1	Change Addition		
NAME STREET AL	NUMBE CC						ADDRESS			
CITY-ST-					Ŧ		ST-ZIP			
Tille	***		<del> </del>	DELETE	4.1 T		V, E11	☐ Change ☐ Addition		
NAME	Ì				1	NAME				
STREET AL	DDRESS				4.3 \$	TREET	ADDRESS			
Cily-SI-					4.4 0	HTY-5	ST-ZiP			
TITLE				DELETE	5.1 T	ITLE		☐ Change ☐ Addition		
NAME					1	IAME				
STREET AL	DDRESS				5.3 9	TREET	ADDRESS			
CITY-ST-	71º		,	F) Section			ST-ZIP	Ob.		
THILE				DELETE	61 T		{	Change Addition		
NAME						LAME		· •		
STREE! AL	1				- 1		ADDRESS			
CITY-ST-	ZIP,				6.4 0	21Y-S	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 supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter on an attachment with an address.

SIGNATURE: