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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stale DIVISION OF CORPORATIONS

DOCUMENT # K45638

(9)

**FILED** Feb 18 1997 8:00am Secretary of State

/IJHA, INC.	

Principal Place of Business Mailing Address			I SOREDATE DEL REDOT OTTO OTTO OTTO CONTROL SON CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL				
2536 SW 12TH MIAMI FL 3313		2536 SW 12TH ST. MIAMI FL 33135-4816					
ÜS	•	US			Date Incorporated or Qualified     11/16/1988	3a, Date of Las 06/24/1990	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	100/24/100	
	ami, Florida.	26 2536 SW	12+5	Ctmaat	65-0095351	<u> </u>	Applied For
Suite, Apt.		Suite, Apt. #, etc.	TTCII	orreer_		£0.7	Not Applicable
22		27			5. Certificate of Status Desired		5 Additional Required
City & Stat  23  Mi	e ami, Florida.	City & State  28 Miami, Flo	ride		6. Election Campaign Financing		00 May Be
Zip	Country	<sup>Zip</sup> 33135.	Col	untry	Trust Fund Contribution  8. This corporation has liability for in		ed to Fees or s. 199.032.
24 33	135. <sub>25</sub> U.S.		30 U	.s.		Yes X No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	Istered Agent	
VILL	EGAS, AUGUSTO			61 Name			
DEDO OW 10TH CT				62 Street Addr	ress (P.O. Box Number is Not Acceptab	^\	
- MIAI	MI FL 33135		1	OLIOGI AGGI	less (F.O. box Number is Not Acceptable	θ)	
•				83			
,				B4 City	······································	FL 85 Z	ip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Stat	utes the a	l l	wation submits this statement for the n		a its registered
office or r	registered agent, or both, in the State of	of Florida, Such change was	sauthorize	d by the corporat	poration submits this statement for the policion's board of directors. I hereby accep	t the appointment	as registered
		ions pyroection 607.0505, i	rionda Sia	IUIOS.		~ 10/ 107	
SIGNATURE	Signature, lyped or printy name of registered agen	t and title 4 pricable. (No	OTF: Renistere	d Agent signature requir	rad when spinstelled	01/24/97	
12.	OFFICERS AND		13.	a rigora agracio regan	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TI	TLE	7,557,101,01013,01020,10 01 1 10	☐ Chang	The state of the s
NAME	AUGUSTO, VILLEGAS		1.2 N	AME	•		
STREET ADDRESS	2536 S.W. 12TH ST.		1.3 \$	TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			ITY-ST-ZIP			
TITLE	SD	DELETE	2.1 1	····		Chanc	e Addition
NAME	JACOME, MILANES		2.2 №	AMF		. —	
STREET ADDRESS	2536 S.W. 12TH ST.			TREET ADDRESS	•		
CITY-ST-ZIP	MIAMI FL			ITY - ST - ZIP			
TITLE		DELETE	3.1 Ti			☐ Chanc	e Addition
NAME			3.2 N	AME			
STREET ADDRESS			335	TREET ADDRESS			
CITY-ST-ZIP				ITY-SI-ZIP			
TITLE		☐ DELETE	4.1 Ti			Chang	e Addition
NAME		—	4.2 N				
STREET ADDRESS				FREET ADDRESS			
CITY-ST-ZIP			4 4 C	ITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TI			☐ Chang	e Addition
NAME			5.2 N			<del></del>	<del></del> ,
STREET ADDRESS				TREET ADDRESS			1
CITY - ST - ZIP				TY-ST-ZIP	•		1
TITLE		DELETE	6.1 10			Chang	e
NAME.			6.2 N/	*			
STREET ADDRESS				TREET ADDRESS			1
CiTY-ST-ZIP							1
<u> </u>	ov certify that the information cumplied	with this filing does not a re		TY-ST-ZIP	Lin Conting 110 07/2\(i) Florido Ctatutos	16.35	

roo nereby 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 changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR