COI	PROFIT RPORATION UAL REPORT 1997	FLORIDA DEPAR Sandra E Socreta	\$550.00 RTMENT OF STATE 3. Mortham ITY of State CORPORATIONS	Apr 21	TLED 19978 ary of S	
FLORID	MENT # K6453 A FINE MIAMI CORP.	3 (8) Mailing Address & CARLOS M. VAZQUEZ				
12041 S.W. 40 MIANI FL 331	OTH ST	12041 S.W. 40TH ST MIAMI FL 33175-3535		3. Date Incorporatod or Qualified	3a. Date of Last	
2. Principal I	Place of Business	2a, Mailing Address		02/09/1989 4. FEI Number	05/01/1996	Applied For
21		26		65-0098031		Not Applicable
Sulte, Apt.	: #, etc .	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & Sta		City & State		6. Election Campalgn Financing Trust Fund Contribution	\$5.0	0 May Be d to Fees
.Zip 24	Country 25	2ip 29	Country 30	 This corporation has liability for Florida Statutes 	intangible tax under X Yes 🔲 No	rs. 199.032,
. : 			B4 Cily			p Code
11. Pursuant office or agent. La SIGNATURE	to the provisions of Sections 607.05 registerod agont, or both, in the Stat am familiar with, and accept the oblig Standure, typed or pointed name of registered ar			rporation submits this statement for the pation's board of directors. I hereby acce		
SIGNATURE	Signature, lyped or pointed name of registered an OFFICERS At	pent and little if applicable (NOT ND DIRECTORS	es, the above-tramed cor authorized by the corpora orida Statutes. t Repistered Agent signature requ 13.		DATE) its registered as registered DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, by red or printed name of registered as OFFICERS AT VAZQUEZ, CARLOS M. 12041 S.W. 40TH ST	gent and little Papelicable (NOT	es, the above-trained cor authorized by the corpore oricla Statutes. E. B. pistered Agent signature required 13. 1.1 TRLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	purpose of changing pot the appointment a) its registered as registered DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS OTY-ST-ZIP TITLE NAME	Signature, by red or printed name of registered an OFFICERS AT VAZQUEZ, CARLOS M. 12041 S.W. 40TH ST MIAMI FL SD VAZQUEZ, ALIDA 12041 S.W. 40TH ST	pent and little if applicable (NOT ND DIRECTORS	es, the above-tramed cor authorized by the corpore orida Statutes. t Registered Agent signature requ 13. 1.1 TRLF 1.2 NAME	uired when reinstating)	DATE	p its registoroc as registered DRS IN 12 a Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS <u>OTY-ST-ZIP</u> TITLE NAME STREET ADDRESS <u>CITY-ST-ZIP</u> TITLE NAME	Signature, by well or printed name of registered an OFFICERS AT VAZQUEZ, CARLOS M. 12041 S.W. 40TH ST MIAMI FL SD VAZQUEZ, ALIDA	pont and lide Paysicable (NO ND DIRECTORS	es, the above-named con authorized by the corpore orida Statutes. 1 Boostend Agent agrinutine req. 13. 11 THLE 12 NAME 13 STREET ADDRESS 14 CHY-ST-ZIP 21 THLE 22 NAME 23 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 THLE 3.2 NAME	uired when reinstating)	PL purpose of changing ppt the appointment a DATE CERS AND DIRECTO Change	e Addition
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