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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

| ANNU | IUAL REPORT 1997 DIV | | Secreta | B. Mortham ary of State CORPORATIONS | Secretary of State | |
|---|---|---|--|--|--|---|
| 1. Corporation | MENT # K6 TO THE POP PROC | 66251 DUCTIONS, INC. | (5) | |) 1700 T.H. #4. 8/H.J. 8/H | |
| Principal Place of Business 12342 S.W. 132CT MIAMI FL 33186 US | | 12342 | g Address SW 132 CT FL 33186-6451 | | | 191 9(91) 9(92) 379)) 379)) 319)) 419)) 409) |
| | | | | | 3. Date incorporated or Qualified 02/07/1989 | 34. Date of Last Report 04/19/1996 |
| 2. Principal P | lace of Business | 2a. M | ailing Address | | 4. FEI Number 65-0138343 | Applied For Not Applicable |
| Suite, Apt | #, e lc. | -, | iite, Apt. #, etc. | ************************************** | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 0 | Ci | ty & State | ···· 177-, · · · · · · · · · · · · · · · · · · · | 6. Election Campaign Financing | \$5.00 May Be |
| Zip 24 | Country 25 | 28 Zı | p | Country 30 | | Added to Fees or intangible tax under s. 199.032. |
| | 9. Name and Addres | s of Current Register | ed Agent | B1 Name | 10. Name and Address of New | Registered Agent |
| GARCIA, ENRIQUE E. 12342 S.W. 132CT MIAMI FL 33186 | | | | | dress (P.O. Box Number is Not Accept | able) |
| 11. Pursuant office or r agent. La SIGNATURE | to the provisions of Sections | ons 607,0502 and 607, in the State of Florida opt the obligations of, S | 1508, Fiorida Statu Such change was ection 607.0505, F | ites, the above-named cor authorized by the corpora lorida Statutes. | poration submits this statement for the ation's board of directors. I hereby acc | |
| 12. | Signature hypino or printed name | of registered agent and title if ap | | TE: Registered Agent signature requ | | DATE ICERS AND DIRECTORS IN 12 |
| TITLE NAME STREET ADDRESS | PD GARCIA, ENRIQUE 13050 SAN MATRO CORAL GABLES FL | E. ST | DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ASSITION OF ANGLE 10 OF | Change Addition |
| CITY-ST-ZIP TITLE NAM: STREET ADDRESS | VD ALMAGUER, HECTO 10335 S.W. 127TH |)R | DELETE | 1.4 CITY - ST- ZIP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS | | Change Addition |
| CITY - ST- ZIP TITLE NAME STREET ADDRESS | MIAMI FL | | DELETE | 2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS | | Change Addition |
| CITY+ST-7IP TITLE NAME | | | DELETE | 3.4. City-St-ZiP 4.1 Title 4. 2 Name | 411111111111111111111111111111111111111 | Change Addition |
| STREET ADDRESS CITY-ST-ZIP TITUE NAME | | | ☐ DELETE | 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME | | Change Addition |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | ☐ DELETE | 5.3 STREET ADDRESS 5.4 City-St-Zip 61 Title 6.2 Name | —————————————————————————————————————— | Change Addition |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | |

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 changed, or on an attachment with an address.

SIGNATURE:

(305)253-2231

FILED

Apr 08 1997 8:00am

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