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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	UAL REPO 1997	ORT		Secret DIVISION OF	ary of Stat CORPOR		Secretar	y OI St	acc
1. Corporation	on Name	# K8092 sing, inc.	22	(3)			I FARIANT RAT FRIM RAND HOUR MANN HAS	Orest egent pred brew br	air didiù idar
Principal Pla	ce of Businos	C·		iling Address					
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1839 W FLAG MIAMI FL 331	ler st. Suiti	E B		9 W Flagler St. Si Mi fl 33135-2119	UITE B				
US			ÜS	m: 1 C 00/00/2/10			3. Date Incorporated or Qualified 04/18/1989	3a. Date of Last 04/17/1996	Report
2. Principal I	Place of Busin	ness	<u> </u>	Mailing Address			4. FEI Number	1	Applied For
Suite, Apt	#. etc.		26	Suite, Apt. #, etc.			65-0186076	CD 76	Not Applicable Additional
22			27	adii, 7 ipt. 11, 410.			5. Certificate of Status Desired		Required
City & Sta	te		28	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 24		Country 25	F	Zip	30 Cou	intry	This corporation has liability for Florida Statutes	intangible tax under Yes	s. 199.032,
24		and Address of Cu	29 Irrent Registe	ered Agent	[30]	, 	10. Name and Address of New Re		······································
	ZO, LUIS					81 Name			
	39 W FLAGL	er st				82 Street An	ss (P.O. Box Number is Not Acceptate	ole)	
	ITE B	e e			!	83			·
MV	VMI FL 3313	13			!	03			
11. Pursuant	to the provis	ions of Sections 607 sent, or both, in the S	.0502 and 60	7.1508, Florida Statu a. Such change was	utes, the al	84 City cove-named co	rporation submits this statement for the parties of directors. I hereby access	FL ("("	ts registered
SIGNATURE		for printed name of registors	ed agent and title if	applicable (NC	OTE: Registere	pove-named co d by the corpor- lutes.	progration submits this statement for the pation's board of directors. I hereby acceptured when reinstating)	PL purpose of changing of the appointment	its registered is registered
SIGNATURE	Significe typed	for printed name of registors		applicable (NC	OTE: Registere	pove-named co d by the corpor- lutes.		DATE DATE DATE DATE DATE CERS AND DIRECTO	its registered us registered
SIGNATURE 12. Title	Significal typed	OFFICERS	ed agent and title if	applicable (NC	13,	Dove-named co d by the corpor- rutes.	julied when reinslating)	PL purpose of changing of the appointment	its registered is registered
SIGNATURE 12. TITLE NAME	PD BAZO, LI	OFFICERS	ed agent and title if	applicable (NC	TE: Registere 13. 1.1 TI	Dove-named co d by the corpor- rutes. d Agent signature req TLE	julied when reinslating)	DATE DATE DATE DATE DATE CERS AND DIRECTO	its registered us registered
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I have noticed early that the information supplied with this filling does not qualify for the exemption stated in section 19.07(3)(f), Florida Statutes, Florida Statutes, and that the information indicated on this 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 changes, or on an attachment with an address.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Q186655

Apr 09 1997 8:00am