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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # K84884

(1)

PASTA F Principal Place 5733 S.W. 8TH MIAMI FL 33144	e of Business St.	Mailing Address 5733 S.W. 8TH ST. MIAM FL 33144-5033			
	•			3. Date Incorporated or Qualified 05/01/1989	3a. Date of Last Report 03/05/1996
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21 26				65-0118316	Not Applicable
Suite, Apt #, etc Suite, Apt. 27		Suite, Apt. #, etc.		5, Certificate of Status Desired	See Regulred
City & State City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation has liability for in Florida Statutes	Injungible tax under s. 199.032.
g, Name and Address of Current Registered Agent 1				10. Name and Address of New Registered Agent	
MARMISH, PAUL M. 81 Name			81 Name		
2666 TIGERTAIL AVE			82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
STE 102 COCONUT GROVE FL 33133			83		
COCONOL GROVE LE 33133					
			84 City		FL 85 Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 egistered agent, or both, in the Stati m familiar with, and accept the oblic	02 and 607.1508, Florida Statut e of Florida. Such change was r gations of, Section 607.0505, Flo	es, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the partition's board of directors. I hereby acception	ourpose of changing its registered of the appointment as registered
SIGNATURE	Errication, Typind or printed frame of registered ag		E. Registered Agent signature requi		DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DPT	DELETE	1.1 TITLE		Change Addition
NAME	SANDERS, FERNANDO G.		1.2 NAME		
STREET ADDRESS	5733 SW 8TH STREET		1,3 STREET ADDRESS		ı
CHTY-ST-ZIP TITLE	MIAMI FL. DVS	DELETE	1.4 CITY - ST - ZIP		Change Addition
NAME	SANDERS, LEONARD	Engl Dece is	2.2 NAME		C. Change C. Hounton
STREET ADDRESS	5733 SW 8TH STREET		2.3 STREET ADDRESS		
City-S1-ZiP	MIAMI FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
THTLE NAME		L_I OLCUL	4.1 IIILE 4.2 NAME		En dissuite En vocation
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - S* - 7IP			4.4 City-ST-ZiP		
THILE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-S1-7⊮			5.4 CITY+ST-ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS		\wedge	6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changin or on an attachment with an address.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO