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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K90617

(7)

FILED May 08 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 9023 SW 9 TERR MIAMI FL 33174 MIAMI FL 33174 MIAMI FL 33174							
					3. Date Incorporated or Qualified 05/24/1989	3a. Date o	l Last Report 1996
2. Principal F	cipal Place of Business 2a. Mailing Address				4. FEI Number 65-0127331		Applied For Not Applicable
Suite, Apt	e, Apt. #, etc. Suite, Apt. #, etc.				Certificate of Status Desired	\$8.75 Additional	
22 27 City & State City & City		City & State	ty & State		6. Election Campaign Financing		Fee Required \$5.00 May Be
23		28	h1 ·		Trust Fund Contribution		Added to Fees
Zip 24	Country 25	25 29 30			8. This corporation has liability for intargible tax under s. 199.032, Florida Statutes Ycs \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
ė.	Name and Address of CurrentITH, RAUL	rent Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Age	nt
MI/	23 SW 9 TERR AMI FL 33174 It to the provisions of Sections 607.0 registered agent, or both, in the Sta	1502 and 607, 1508, Florida Statut ate of Florida, Such change was a	82 83 84 es, the above authorized by	City	poration submits this statement for the ption's board of directors. I hereby accept	FL 8	
agent. I i SIGNATURE					ried who: reinstating)	DATE	
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD SMITH, RAUL	☐ DELETE	1.1 TITLE	{			Change Addition
NAME STREET ADDRESS	AAAA CIM A TEAD		1.2 NAME 1.3 STREU	ADDUS SG			
CITY-ST-ZIP	MIAMI FL		1.4 CHY-5				
TITLE	VP .	DELETE	2.1 TILLE				Change Addition
NAME	CORSO, CARLOS		2.2 NAME				
STREET ADDRESS	9023 SW 9 TERR MIAMI FL		2.3 \$TRE1				
CITY-ST-ZIP TITLE	ST	DELETE	2. 4 CITY - 3.1 TITLE	S1 - 7IP		П	Change Addition
NAME	SMITH, LUIS		3.2 NAME				
STREET ADDRESS			3.3 STREET AD				
CITY-ST-ZIP	MIAMI, FL	Tresent	3.4. CHY+S1-ZIP DELETE 4.1 THE		**************************************		Change TTARRET
NAME		בן טנונונ	4.1 TOLE 4.2 NAME			لــا	Change Addition
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CHY-3				
TITLE		DELETE	5.1 717.16				Change Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	1			
CITY-ST-ZIP		DELETE	5.4 CITY - 5	31-7/P			Change Addition
TITLE		[_] DELETE	61 TITLE			ليا	Griange [_] Addition
NAME	1		62 NAME				
	Ì			ADDRESS			
STREET ADDRESS City-St-Zip			6.3 STREET	I			

4. I do hereby certify that the information supplied with this filing closs 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 chapted, or on any attachment with an address.

Appears in block 12 of block 13 it of great of any analytical will

14/20/9-