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

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K91838

(8)

Mailing Address

ORLANDO J. VALDES PH.D., P.A.

**FILED** Feb 27 1997 8:00am Secretary of State



1830 COUNTRY CLUB PRADO CORAL GABLES FL 33134			1930 COUNTRY CLUB PRADO CORAL GABLES FL 33134-2127				
					3. Date Incorporated or Qualified 04/30/1989	3a. Date of Last 04/18/1996	
	lace of Business	2a, Mailing Address	<b>⊢</b>		4. FEI Number 65-0128420	<del></del>	Applied For
Suite Apt # elc.		26   Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		SR 75 Additional		
22		27			5. Certificate of Status Desired		Required
City & State 28			8		6. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees		
Ζιρ <b>24</b>	Country 25				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes 🛣 No		
	g. Name and Address of Cui	rent Registered Agent			10. Name and Address of New Reg	Istered Agent	
	DES, ORLANDO J.		81	Name			
1930 COUNTRY CLUB PRADO CORAL GABLES FL 33134				82 Street Address (P.O. Box Number is Not Acceptable)			
			84	City		FL 85 Zij	p Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	ites, the above	e-named cor	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing	its registered
agent La	rn familiar with, and accept the ol	oligations of, Section 607.0505, F	lorida Statute	ly the corpora is.	mon's board of directors. Thereby accep	тие арронител с	12 Ledizielen
SIGNATURE	5.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1	4.0	Str. Danieland &		kred when reinstating)	DATE	
12.	Signature, typicd or printed name of registeres  OFF-ICERS	AND DIRECTORS	13.	ent signature redu	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	D	DELETE	1.1 TITLE		ACCITIONS AND	Change	
NAME	VALDES, ORLANDO J.			]			
STREET ADDRESS	1930 COUNTRY CLUB PRA	DO	1.3 STREE	T ADDRESS			
CITY - ST - ZIP	CORAL GABLES FL		1.4 CITY-	ST-ZIP			
TITLE	☐ DELETE		2.1 TITLE	Ì		[] Changi	e L. Addition
NAME			2.2 NAME	i			
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP		☐ DELETE	2. 4 CITY	-ST-ZIP		Change	e Addition
TITLE NAME:		( DETELE	3.1 TITLE 3.2 NAME		*	: ET nigiti	· CT VOORIGII
NAMÉ CIRCELADIAGES			•	T ADDRESS			
STREET ADDRESS CITY+ST-ZIP			3.4. CITY				
TILLE		☐ DE1.ETE	4.1 TITLE	21 - 14		☐ Change	e Addition
NAME		_	4. 2 NAM	E			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY - ST - ZIP			4.4 CITY-	ST-ZIP			
THTLE		DELETE	5.1 TITLE			Chang	e 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CHY-ST-ZIF			5.4 CITY			The state of the s	
TOTALE		DELETE	6.1 TITLE			Chang	e 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY	ST-ZIP			

14. If do hereby certify that the information supplied with this filing does not quality 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 it am an officer or director of the compristion 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 ranged, or on an attachment with an address.

SIGNATURE: