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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

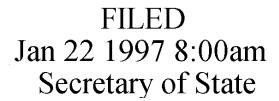
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L01819

(6)

orporation Name		•
IVE BROTHERS	CORPORATION	



Principal Place of Business Mailing Address 14921 SW 45TH TERR 14921 SW 45TH TERR MIAMI FL 33185 4309 US US									
						3. Date Incorporated or Qualified 07/11/1989		of Last R 6/1996	eport
2. Principa ^t F 21	Place of Business	2a. Mailing Address 26				4. FEI Number 65-0148920		 	oplied For of Applicable
Suite, Apt	#. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
City & Sta	te	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for i			199.032
24	25	29	30					No	
	9. Name and Address of Currer	n negisterea Agent		81	Name	10. Name and Address of New Re	A Deserving	jent	
	IA, RAPHAEL E			101					
898 S21	90 CORAL WAY 9			82	Street Add	fress (P.O. Box Number is Not Acceptab	le)		
	AMI FL 33165			83					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				84	City		FL	85 Zip (Code
SIGNATURE		D DIRECTORS	13.		nt signature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFIC			
TITLE	D VINA, AMADO M.	☐ DELETE	1.170		1		L	Change	Addition
NAME STREET ADDRESS	AAAAA AMA AETHA TERD		1.2 N/		ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CI						
TITLE	10	DELETE	2.1 1/		1.5"			Change	Additio
NAME	VINA, CONCHITA B.		2.2 N/	AME	ŀ				
STREET ADORESS			2.3 \$1	TREET	ADDRESS				
CITY - ST-ZIP	MIAMI FL				ST - ZIP				T 1
TITLE	D Vina, raphael e.	L DELETE	3.1 T				L	Change	Addition
NAME STREET ADDRESS	4000 CODAL 18/AU COO		3.2 N/		ADORESS				
CITY - ST - ZIP	MIAMI FL				ST-ZIP				
TITLE	1,72 517, 1 2	DELETE	417		51-21		1	Change	Addition
NAME		 ·	4 2 N				_	-	
STREET ADDRESS		·	4.3 S	TAEET	ADDRESS				
CITY - S1 - ZIP			4.4 CI	TY·S	T-ZIP				
TITLE		☐ DELETE	5.1 71	TLE				Change	Addition
NAME			5.2 N						
STREET ADDRESS					ADDRESS	•			
CITY-ST-ZIF		DELETE			T-ZIP			Change	Addition
TITLE		L''I DETE IE	6.1 TI				·	Crange	Auginol ()
NAME CTOST LADODESS			6.2 N		Annoton	e e			
STREET ADORESS					ADDRESS				
CITY-S1-ZIP	he could that the information mapping	which this fling does not go			T-ZIP	ed in Section 119 07/3Vi). Florida Statute	a I durther	nortify that	the

r do nereby certify that the information supplied with this filing doe information indicated on this annual report or supplemental annual I am an officer or director of the coloration or the receiver or trust appears in Block 12 or Block 13 if inflated poor an attachment rou quality for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the report is true and accurate and that my signature shall have the same legal effect as if made under oath; that se empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name ith an address.

SIGNATURE: