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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

CORPORATION ANNUAL REPORT

Principal Place of Business	ast Report
3. Date Incorporated or Qualified 08/15/1989 04/25/19 2. Principal Place of Business 2a. Mailing Address 4. FEI Number	
08/15/1989         04/25/19           2. Principal Place of Business         2a. Mailing Address         4. FEI Number	
	96
	Applied For
Suite, Apt. #, etc. Suite, Apt. #, etc.	Not Applicable 75 Additional
[22] [27] Fi	e Required
	.00 May Be Ided to Fees
7ip Country Zip Country 8. This corporation has liability for intangible, yax unit	
24 25 29 30 Florida Statutes	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FAJARDO, SANTIAGO 81 Name	
ALL MATCHILLORING TO A MET CONTROL OF THE CONTROL O	
MIAMI BEACH FL 33139  82 Street Address (P.O. Box Number is Not Acceptable)	ł
83	
84 City #= 85	Zip Code
FL 89  11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-named cornoration submits this statement for the purpose of change	ing its registered
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent it am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	nt as registered
SIGNATURE.	(
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	OTODE IN 12
THE P SANTIAGO FAJARDO CON	
NAME DESTRICTE ASSETTATION 1 1 2 MANUE	
STREET ADDRESS 644 EUVLID AVE / STE - 4  CITY-SI-ZIP MIAMI BEACH FL  1.3 STREET ADDRESS 1575 WEST AVE AFT 6  1.4 CITY-SI-ZIP MIAMI BEACH FL 33/39	ļ
TILE PS DELETE 21 TITLE CRIZ	ange [_] Addition
SINEFT ADDRESS 1575 WEST AVE. APT #8 23 STREET ADDRESS	}
CITY-ST-ZIF MIAMI BEACH FL 2,4 CITY-ST-ZIP	}
THLE DELETE 3.1 TITLE CN	ange
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STREET ADDRESS 3.3 STREET ADDRESS	l l
CITY: \$1-7IP	ange
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6.4 CITY-\$1-ZIP

14. I do hereby certify that the information surplied with this filing 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 of 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 changed, gion an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0189875

**FILED** 

Apr 21 1997 8:00am

Secretary of State