## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE DN OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L19418

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ORA ET LABORA, INC.

FILED										
Sep 17 1997 8:00am	1									
Secretary of State										

Principal Place of Busine	ss	Mailing Ad	ldress				E CONTRACTO DO LI DITT EDILIT DESDITATO LA INTE	II WYWAF WYWYI WAI		iki mishi niini
915 W 74TH ST		607 E. 56								
STE 109 HIALEAH FL 33014		915 W 74 HIALEAH	TH ST #109				DO NOT WRITE	IN THIS SPA	ACE	
US		US	FL 33013				3. Date Incorporated or Qualified	3a, Date		Report
							09/29/1989	ι	8/1996	
2. Principal Place of Bus	iness	2a. Mailing	Address				4. FEI Number			pplied For
21		26					65-0152727		N	ot Applicable
Suite, Apt. #, etc.		Suite, A	Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27					o, dominate of clarate position		Fee R	equired
City & State		City &	State				6. Election Campaign Financing			May Be
Zip	Country	<b>28</b> Zip		T Cou	intry		Trust Fund Contribution			to Fees
24	25	29		30	лиц		This corporation owes or has pair Personal Property Tax due June			itangible:
9. Nam	e and Address of Current		gent	1301			10. Name and Address of New Re			
HERNANDEZ		<u>-</u>	<del></del>		81	Name		·		
607 E. 56 S1					82	Street Addr	ess (P.O. Box Number is Not Acceptab	(a)		
HIALEAH FL						)	ess (r.o. box Multiber is Not Acceptab	10)		
					83					
					84	City			35 Zip	Code
			_					<u>FL</u>		
11. Pursuant to the provi	sions of Sections 607.0502	2 and 607.1508	Florida Statu	tes, the al	bove	e-named corp	poration submits this statement for the p ion's board of directors. I hereby accep	urpose of ch	anging i	ts registered
agent. I am familiar v	with, and accept the obliga	tions of, Section	n 607.0505, Fi	lorida Stal	lutes	ine corporat i.	ions board of directors. Thereby accept	it trie appoin	unont as	riogistored
SIGNATURE										
<b></b>	d or printed name of registered ager OFFICERS AND		le (NO:		d Age	nt signature requir	ed when reinstating)	DATE	DECTO	DC IN 40
12.	OTTICENS AND	Dinectors	DELETE	13.	TI F		ADDITIONS/CHANGES TO OFFIC		Change	Addition
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, ,	74TH ST #109					ADDRESS				
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STREET ADORESS				6.3 ST	TREET.	ADDRESS				
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I do hereby certify that the information supplied 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

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