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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # L22849**

(8)

FILED Jan 28 1997 8:00am Secretary of State

Principal Place of Business Mailing Address JUAN J. CHRINO 87 WEST 28TH STREET HIALEAH FL 33010-1513					
			;	3. Date Incorporated or Qualified 10/16/1989	3a. Date of Last Report 01/25/1996
	lace of Business	2a. Mailing Address		4. FEI Number 65-0152502	Applied For Not Applicab
Suite. Apt	#, etc	Suite. Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22] City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	.,	Trust Fund Contribution	Added to Fees
Ζφ 24	Country 25	Z(p)	Country 30	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
267	WEST 28TH STREET EAH FL 33010		82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptal	FL 85 Zip Code
SIGNATURE	Star at se, byied or perhip masse of registerion again		authorized by the corpora orida Statutes. IE: Registered Agent signature req 13.	ation's board of directors. I hereby acceuring the state of the state	DATE
THILE NAME STREET ADDRESS ONY-ST-ZIP	P CHIRINO, JUAN J. 4197 WEST 10TH AVE HIALEAH FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-SI-ZIP		☐ Change ☐ Additi
TITLE NAME	S Silva, Alberto 7227 SW 113TH CT	☐ DELETE	2.1 TITLE		
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		[_] Change [_] Additi
CITY-\$1-ZIP TITLE NAME STREET ADDRESS	MIAMI FL T HERNANDEZ, ANA 11234 SW 189 LN	☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS		☐ Change ☐ Additi
CITY-ST-ZIP TITLE NAME STREET ADDRESS F CITY-ST-ZIP TITLE NAME STREET APPRESS	MIAMI FL T HERNANDEZ, ANA 11234 SW 189 LN MIAMI FL VP LUIS F. CHIRINO 4197 WEST 10TH AVE.	☐ DELETE	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		, ,
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZiP TITLE NAME	MIAMI FL T HERNANDEZ, ANA 11234 SW 189 LN MIAMI FL VP LUIS F. CHIRINO		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		Change Additi

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 coping allow 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 chapter 607, attachment with an address.

SIGNATURE: