## 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 # L39767

EDUADDO DRADO DDC MCD

(3)

FILED
May 07 1997 8:00am
Secretary of State

Suite, Apt. #, etc Suite, Apt. #, etc.   Suite, Apt. #, etc Status Desired   \$8.75 Additional	Principal Place of Business Mailing Address  1100 SOUTH FEDERAL HWY. SUITE 4 BOYNTON BCH FL 33435  Mailing Address  1100 SOUTH FEDERAL HWY. SUITE 4 BOYNTON BCH FL 33435-5850												
Succession   Suc									1 = -			aport	
Section   Sect	2. Principal P	lace of Business	h1								<del></del>	<del></del>	
State		#, etc							5. Certificate of Status Desired				
Country   20   20   30   30   30   30   30   30	City & Stati	B		hq '									
PRADO, EDUANDO 3375 BURNS RD SUITE 209 PALM BEACH GARDENS FL 33410  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  85 Street Address (P.O. Box Number is Not Acceptable)  86 City  87 L 85 Zip Code  87 City  88 City  89 L 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 changing its replistered agent if a transfer with an accept the obligations of, Section Statutes  89 Signal International Will, and accept the obligations of, Section Statutes  80 Signal International Will, and accept the obligations of, Section Statutes  81 Signal International Will, and accept the obligations of, Section Statutes  82 Signal International Will, and accept the obligations of, Section Statutes  83 Signal International Will, and accept the obligations of, Section Statutes  84 City  85 Signal International Will, and accept the obligations of, Section Statutes  86 Signal International Will, and accept the obligations of, Section Statutes  86 Signal International Will, and accept the obligations of, Section Statutes  87 Signal International Will, and accept the obligations of, Section Statutes  88 Signal International Will, and accept the obligations of, Section Statutes  89 Signal International Will, and accept the obligations of, Section Statutes  80 Signal International Will, and accept the obligations of, Section Statutes  80 Signal International Will, and accept the obligations of, Section Statutes  80 Signal International Will, and accept the obligations of, Section Statutes  80 Signal International Will, and accept the obligations of, Section Statutes  80 Signal International Will, and accept the obligations of, Section Statutes  80 Signal International Will, and accept the obligations of, Section Statutes  80 Signal International Will, and accept the obligations of, Section Statutes  80 Signal International Will, and accept the obligations of, Section St	Ζφ		Zip	· • • • • • • • • • • • • • • • • • • •			ountry		a. This corporation has liability for i		ax under s.		
PRADO, EDUARDO 3375 BURNS RD SUITE 209 PALM BEACH GARDENS FL 33410  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statute. The examend corporation submits this statement for the purpose of changing its registered agent of both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 607 0505, Florida Statute.  SIGNATURE System of Precision of Sections 607 0505, Florida Statutes  SIGNATURE System of Precision of Sections 607 0505, Florida Statutes  SIGNATURE System of Precision of Sections 607 0505, Florida Statutes  SIGNATURE System of Precision of Sections 607 0505, Florida Statutes  SIGNATURE System of Precision of Sections 607 0505, Florida Statutes  SIGNATURE System of Precision of Sections 607 0505, Florida Statutes  SIGNATURE System of Precision of Sections 607 0505, Florida Statutes  SIGNATURE System of Precision of Sections 607 0505, Florida Statutes  DITTLE  D CFFICE RS AND DIRECTORS IN 12  12. OFFICE RS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  INTEL  D STREET ADDRESS  SIGNATURE SIGNAT ADDRESS  SIGNAT ADDRE	24					·L			1				
BBC Street Address (P.O. Box Number is Not Acceptable)  PALM BEACH GARDENS FL 33410  BB City FL BS Zip Code  11. Pursuant to the provisions of Sections 607 0507 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both. In the State of Florida, Such change was submized by the corporation's board of directors. I hereby accept the appointment as registered agent and afficial strates.  SIGNAT URIF  TITLE  DELETE  1 TITLE  DRANGE  SIRRET ADDRESS  SIRRET ADDRES		<del></del>	ni negistered A	gent					10, Hame and Address of New Ke	jisterea A	gent		
PALM BEACH CARDENS FL 33410  82  11. Phristant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation's board of directors, thereby accept the appointment as registered agent, or both, in this State of Findia. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 607 5055. Florids Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PRADO, EDUARDO  3375 BURNS RD #209  PALM BCH GARDENS FL  11. CITY-ST-2P  PALM BCH GARDENS FL  12. TITLE  12. TITLE  13. TITLE  14. TITLE  15.						81	Na	me					
B3   Section   B4   City   FL   B5   Zip Code			)		82 Street Ad			eet Addre	ess (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its 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 as 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 as 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 as registered agent, or both, in the State of Florida, Statutes  SIGNATURE    12.						83							
SIGNATURE    Signate   Type of private appeal app	<u>.</u>					- 1 - 1			<del></del>	FL	1 1 1		
12.	SIGNATURE												
TITLE				ie. (NO			ul siğir	atura require					
NAME   STREET ADDRESS			NO DIRECTORS						ADDITIONS/CHANGES TO OFFICE				
STREET ADDRESS   CHY-ST-ZIP   PALM BCH GARDENS FL	THTLE			☐ DEFFIE	1.	1 TITLE				Į	Change	L.J Addition	
City   ST - 2IP   PALM BCH GARDENS FL	NAME				1.3	2 NAME							
TITLE	STREET ADDRESS	3375 BURNS RD #209			1.3	3 STREET	ADDRE	SS	•				
TITLE	CHY-ST-ZIP	PALM BCH GARDENS FL				4 CITY-S	T - 719	ſ					
2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   2.4 CIT				DELETE					·····	····	Change	Addition	
2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   2.4 CIT	NAME				,	2 NAME							
CITY-ST-ZIP							ADDDE	ee .					
TITLE								.33					
NAME				DELETE			1-21				Change	Addition	
STREET ADDRESS   33 STREET ADDRESS   34. CITY-ST-ZIP	1			PERFORM						,	orange	rnio (viii	
DELETE													
DELETE								:SS					
NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME         STREET ADDRESS         CITY-ST-ZIP         SA CITY-ST-ZIP         CITY-ST-ZIP         CHANGE         Addition           NAME         6.1 TITLE         Change         Addition           NAME         6.2 NAME         CHANGE         Addition           STREET ADDRESS         6.3 STREET ADDRESS         CHANGE         CHANGE         CHANGE				DELETE			1-ZIP				Channe	Addition	
STREET ADDRESS				LI DELETE						ı	vuange	Las Modifical	
CITY-ST-ZIP	NAME				4.	2 NAME							
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         5.2 NAME	STREET ADDRESS				4.	3 STREET	ADDRE	SS					
SAME	CITY - ST - ZIP				4.	4 CITY-S	T-ZIP						
STREET ADDRESS	TITLE			LL DELETE	5.	1 TITLE		1			Change	☐ Addition	
C/TY-ST-ZIP         5.4 C/TY-ST-ZIP           T/I/LE         DELETE         6.1 T/T/LE         Change Add/lifon           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS	NAME				5.	2 NAME							
THE DELETE 6.1 TITLE Change Addition  NAME  STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS				5.	3 STREET	ADDRE	SS					
THE DELETE 6.1 TITLE Change Addition  NAME  STREET ADDRESS 6.3 STREET ADDRESS	City - St - ZiP				5.	4 CITY-\$	T-ZIP						
STREET ADDRESS 6.3 STREET ADDRESS				DELETE	_						Change	Addition	
STREET ADDRESS 6.3 STREET ADDRESS	NAME				6.3	2 NAME		1					
	1				1		ADORE	ss					

14. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/5

(561) 732-3113

\*\*\*\*\*\*