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 # L41651

(5)

FILED Jan 14 1997 8:00am Secretary of State



ONYY	DEVEL	OPMENT	COMPANY
UNIA	DEVEL	.UPMICINI	COMPLEXIAL

rancipai ria	ice or business	Maining Address									
% HENRY A. 2180 S.W. 11 MAMI FL 33		% HENRY A. LOPEZ-AGUI 2180 S.W. 11 ST. MIAMI FL 33135-5002	AR								
						3. Date Incorporated 01/11/1990	or Qualified		e of Last F 2/1996	leport	
2. Principal	Place of Business	2a. Mailing Address				4. FEI Number			A	oplied For	
21		26	26			65-0162871			No	ot Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.	 			5. Certificate of Statu	s Desired	\$8.75 Additional Fee Required			
City & State 27			City & State			4 Flanting On 1 1					
23	28		· Stato			6. Election Campaign Trust Fund Contrib	•	* - ***********************************			
Zip	Country	Zip	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
24	25 29 30 30 30 9. Name and Address of Current Registered Agent					Florida Statutes					
	PEZ-AGUIAR, HENRY A.	Tront negletered Agent		B1 Nan		10. Hame and Addre	9# VI 110W 110	Albinion W	your.		
				, (a)							
3445 N.W. 7TH STREET MIAMI FL 33125			[1	32 Stre	et Addres	ss (P.O. Box Number is	Not Acceptab	le)			
			[ē	33							
			-	34 City				FL	85 Zip	Code	
44 Purcuar	nt to the provisions of Sections 607	0502 and 607 1508 Florida Statut	toe the ab	nve-nam	ed corpo	ration submits this state	ment for the n		chenging i	te registered	
office of	r registered agent, or both, in the S am familiar with, and accept the o	late of Florida Such change was	authorized	by the c	orporatio	n's board of directors. I	hereby accep	t the appo	intment as	registered	
-		bligations of Section 607.0505, Fi	orma Statu	tes.							
SIGNATURE	Signature, typed or printed name of registere	d popularid trail and cable (NO)	f Rometered	Angnt sinns	ve tecniced	(when reinstating)		DATE			
12.		AND DIRECTORS	13.	Agen ogna	- Bulling	ADDITIONS/CHANG	SES TO OFFIC		DIRECTOR	3S IN 12	
THILE	PD	☐ DELETE	1.1 TITL	E		7.0011010701711	300 10 01710	L. 10 /110	Change	Addition	
NAME	ALVAREZ, LEONELLA B		1.2 NAM					•			
STREET ADORESS	0400 000 4470 07			eet addres							
CITY-ST-ZIP	MIAMI FL		4	r-ST-ZIP	"						
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NAME	ALVAREZ, THAIS M		2.2 NAM		1 ,	1		,			
STREET ADDRESS	4000 OW TOTAL AVE			"" Eet addres							
CITY - ST - ZIP	MIAMI FL 33144			ECT ADDNE. Y-51 - ZIP	"		٠.				
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NAME			3.2 NAN			•		,			
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CITY - ST - ZIP	"			Y-ST-ZIP			÷				
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NAME			4. 2 NA			1.		'			
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NAME			5 2 NAM		-					- Andrien	
STREET ADDRESS				nt Eet addres	.						
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CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL	r-ST-ZIP f				· · · · · · · · · · · · · · · · · · ·	Change	Addition	
		[_] ptrr(t	1		1 .	•			onenge		
NAME STOCK LOOPS			6.2 NAM		<u>, </u>						
STREET ADDRESS	5			EET ADDRES	~	F.					
CITY-ST-7IP	oby certify that the information sup	inlied with this filing does not gual		r-ST-ZIP exemptio	n stated i	n Section 119 07(3)(i)	Florida Statuta	s I further	certify that	the	
- uc ic	Day Dorring making modernandi aup	phase mini and ming accompliqual	og nor uno t				Glatote		~~		

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 you appress.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NINE OF SIGNING OFFICER OR DIRECTOR

1-6-96

305-643-9955