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

OCHMENT # 1.49799

101

JOE VAS	SQUEZ & SON,		(2)		**********************						
Principal Place of Business 8736 SW CHERRY LN			Mailing Address 8736 SW CHERRY LN					*			*******
#200		#200									
STUART FL 34997			STUART FL 34997-714	48				Date Incorporated or Qualified	90 No	ite of Last R	lanart
								01/16/1990		16/1996	юрон
2. Principal Pl	ace of Business		2a. Mailing Address					4. FEI Number	1 00,0		pplied For
21			26					65-0170138			ot Applicable
Suite, Apt. #, etc. 22			Suite, Apt #, etc.					5. Certificate of Status Desired		4	Additional equired
City & State			City & State					6. Election Campaign Financing	<u></u>		May Be
Zip Country			Zip Country					Trust Fund Contribution 8. This corporation has liability for i	(Janaible		to Fees
24	25	,	29	30	,,,,,				Yes [). 199.U3Z,
		dress of Current I	Registered Agent					10. Name and Address of New Re	gistered /	Agent	
VASQUEZ, JOSE MARTIN					81	Name					•
3255 SE DOMINCA TERRACE STUART FL 34997					82	Street A	ddres	s (P.O. Box Number is Not Acceptab	ie)		
810 <i>1</i>	WII FL 3499/				83				5	***************************************	***************************************
					84	City				B5 Zip	Code
	in a company	2070100	1007 4500 Figure 6	Niat dan di				otion as basin this otatement for the se	FL		ita ragiatarad
office or re	egistered agent, or t	ooth, in the State of	Florida, Such change	was author	ized by	the corp	corpor oratio	ation submits this statement for the p n's board of directors. I hereby accep	urpose or of the app	ointment as	registered
	m familiar with, a nd	accept the obligate	ons of, Section 607.050	o, Fiorida S	statutes	i.		•			
SIGNATURE	Signiciae турка осрвіцва	none of registenco agosti	er o tite if sopleable.	(NOTE: Regis	tered Age	nt signature r	equired	when reinstating)	DATE		
12.		OFFICERS AND I			3.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	VASQUEZ, JOSI	MADTIN	DELET		1 TITLE				i i	L Change	Addition
NAME STREET ADDRESS	3255 SE DOMIN				2 NAME 3 Street	ADDRESS					
CITY-ST-ZIP	STUART FL			I I	4 CITY - S'	- 1					
Title			DELET		4 TATLE					Change	Addition
NAME				2	2 NAME	-			•		•
STREET ACORESS				2	3 STREET	ADDRESS					
CtTY+ST+7#					4 CITY - S	11 - ZIP			w		
101.0			☐ DELET	E 3	1 TITLE					L Change	Addition
NAME					2 NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-7IP			DELET		4. CITY - S 1 TITLE	ST- ZIP				Change	Addition
T TLE NAME			LJ beter	1	2 NAME					C Credity	
STREET ADORESS						ADDRESS					
CITY - ST - ZiF				4	4 CITY - S	T-21P					
TITLE			☐ DELET	Ē 5	1 TITLE					Change	Addition
NAME				5	2 NAME						
STREET ADDRESS				5	.3 STREET	ADDRESS					
CITY-ST-ZIP		····	TTAGGE		4 CITY-S	1 - 7iP				110	7.3.35E.
Trite			[]] DELET		.1 1/TLE					Change	Addition
NAME					.2 NAME	1000ECC					
STREET ADDRESS	1					ADDRESS					
City-St-zip 14. I do heret	by certify that the inf	ormation supplied	with this filing does not	audifu for	.4 City-S the exe	motion of	ated i	n Section 119.07(3)(i). Florida Statute	s. I furthe	r certify that	t the
oitsannolni A ce me l	ori indicated on this of	innual report or sup se cornoration or th	oplemental annual repo ne receiver or truslee ei on an attachment with a	ort is true ar mnowered	nd accu to exec	rate and ute this re	that neport	ny signature shall have the same lega as required by Chapter 607, Florida S	il effect as statutes; a	if made un nd that my	ider oath; that name

SIGNATURE:

561-201-1069

FILED

Feb 24 1997 8:00am

Secretary of State