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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Mar 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L49695

(4)

**BUIZ & SONS, INC.** 

Principal Place of Business Mailing Address								
Principa! Plac	e of Business	Mailing Address				) <b>W</b> ill <b>Bill</b> ii <b>Bill</b> is <b>U</b>		81017 1201
3275 CORAL WAY MIAMI FL 33145 US		P.O. BOX 143527 Miami Fl 33114-3527						
•					3. Date Incorporated or Qualifi 02/07/1990		nte of Last F 01/1996	Report
2. Principal F	Page of Business	2a. Mailing Address		+	4. FEI Number	00/	<del></del>	oplied For
1		26			65-0265045		<u> </u>	ot Applicable
Suite Apt. # etc		Suite, Apt. #, etc.	and an experience and an exper		5. Certificate of Status Desired		\$8.75	Additional
2		27		•	5. Bertinoate of States Position			equired
City & Stat	e	City & State			6. Election Campaign Financin	9 —	•	May Be
<b>Z</b> ip	Country	<b>28</b>	Cour	itrv	Trust Fund Contribution  8. This corporation has liability	for intendible		to Fees
4	25	29	30	•	Florida Statutes	Yes [		1, 193,032,
	g. Name and Address of Cu				10. Name and Address of New			
RUI	Z, CARLOS A.			Name				
	1 SW 133 TERR.		į.	Street Add	odress (P.O. Box Number is Not Acceptable)			
MIR	AMAR FL 33027		L		· · · · · · · · · · · · · · · · · · ·			
			l'	83				
			Ţ	B4 City		FL	<b>85</b> Zip	Code
44 Chirenant	to the provenient of Sections 607	0502 and 607 1509 Florida State	tor the ab	ove named cor	poration submits this statement for t		.	te registered
office or i	registered agent, or both, in the S	State of Florida. Such change was	authorized	by the corpora	ition's board of directors. I hereby a	ccept the app	ointment as	registered
<del>-</del> -	am familiar with, and accept the o	obligations of, Section 607.0505, i	nonga Siait	ites.				
SIGNATURE	Signatur, Typed or powerhous a chagaster	ed agent and title if applicable (No	OTE: Registered		alted when reinstating)	DATE		
SIGNATURE	So Pue Apra a providence d'Agister OFFICERS	ed agent and title d'applicable (No BIAND DIRECTORS	DTE: Registered	Agent signature requ	alred when reinstating)  ADDITIONS/CHANGES TO O			
SIGNATURE 112.	Signatur, typed or providence of register OFF ICERS  PSTD	ed agent and title if applicable (No	DTE: Registered 13.	Agent signature requ			DIRECTOR Change	
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