## 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	DIVISION OF	CORPORATIONS	Secreta	ry or state
		5261 (6) INC.		1 (PRIJA) 201 BIEL 1194 MEIN GUR! (121)	DIĞIL BURK! BUĞU DIĞIL ÖYDIL GIĞIL KÖDL
L					
Principal Place of Business  S JOSEPH G. LOPRESTI 11411 SW 186 ST. MIAMI FL 33157		11411 SW 186 ST.	% JOSEPH G. LOPRESTI		11941 BJBI) OIBIT BIB <sup>11</sup> BIBI) OIBII 4001
minimi ri. oo	101	Military Co.		3. Date Incorporated or Qualified 03/02/1990	3a. Date of Last Report 04/29/1996
	Place of Business	2a. Mailing Address		4. FEI Number 65-0177742	Applied For Not Applicable
Suite. Apt. #. etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & St. <b>23</b>	ate	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zψ	Country	Zip	Country	8. This corporation has liability for in	
24	25 Name and Address	29   s of Current Registered Agent	30	Florida Statutes  10. Name and Address of New Rec	Yes No
١٨	PRESTI, JOSEPH G.		81 Name		
	411 SW 188 STREET		00 0	(D.O. D. Al. J.	1.6
MIAMI FL 33157			82 Street	Address (P.O.,Box Number is Not Acceptab	le)
1112			83		
			84 City		85 Zip Code
11. Pursuan office or	it to the provisions of Section registered agent, or both, i	ris 607.0502 and 607.1508, Florida Statu in the State of Florida. Such change was	ites, the above-named authorized by the corp	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
agent 1	am turnities with, and ancer	of the obligations of Section 607.0505, F	torida Statutes.		1-10-
SIGNATURE	A MULLIN OF THE PARTY OF	Vegictoreo againt and title if applicable (NO	TE Registered Agent eignature	required when (einstailing)	DATE
12.	OFF	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TuT. F	PD	☐ DELETE	1 1 TITLE		Change Addition
NAME	Lopresti, Joseph	G.	12 NAME		
STREET ADORESS			1.3 STREET ADDRESS		Į,
C(1) Y- S1 Z(I	MIAMI FL	- Contract	1.4 CITY - ST - ZIP		P4 01
TITLE	VD	☐ DELETE	2.1 TITLE	VDST	Change Addition
MAME	LOPRESTI, ALICE		2.2 NAME	Lopicoti, Alice	<b>.</b>
STREET ACTIVE SE	MIAMI FL		2.3 STREET ADDRESS	11411 3W 196 Street	1
CHY-SI ZIP TILLE	STD	<b>▼</b> DELETE	2.4 City-ST-ZIP 3 1 TITLE	miami, FL 3315"	Change Addition
NAME	LOPRESTI, ALICE	******	32 NAME	·	
STREET ADDRESS	44444 AM 444 AT		3 3 STREET ADDRESS		
CHY-ST-Zi€	MIAMI FL		3.4. CITY+ST-ZIP		
Juli F		DELETE	4.1 7(TLE	3	Change Addition
NAME			4. 2 NAME		
STREET ADLAGES	6		4.3 STREET ADDRESS		
CHY-S1-709		T or exc	4.4 CITY-ST-ZIP		Chapes LAdelline
7065		☐ DELETE	5.1 TITLE		Change Addition
NAME CONTACT ADDRESS OF			5 2 NAME		
STREET ADDRESS	)		53 STREET ADDRESS 54 CITY-ST-ZIP		
CHY ST 7 :: Talef		DELETE	6.1 71TLE		Change Addition
NAME			6.2 NAME		
\$1HELT ACOMES	5		6.3 STREET ADDRESS		·

6.4 CITY-ST-ZIP 14. Los 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 phanged, or on an attachment with an address.

SIGNATURE:

**FILED** 

Apr 24 1997 8:00am

Secretary of State