FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Sandra B. Mortham

ANNUAL REPORT 1997			Sandra B. Mortham Secretary of State Division OF CORPORATIONS					Secretary of State				
	IMENT #	L64978 TIVE SERVICES	, INC.	(4)						111 516 14 \$1 5 11	*****	
Principal Place of Business WREEMBERTO CASANAS 811 E PONCE DE LEON PH #1601 CORAL GABLES FL 33134			Mailing Address MREEMBERTO CASANAS 911 E PONCE DE LEON PH #1801 CORAL GABLES FL 33134-3155					3. Date Incorporated or Qualified 3a. Date of Last Report 09/20/1996				
2. Principal F	Place of Business		2a. Mailing	Address	·····			4. FEI Number	00/2		plied For	
Suite, Apt	Suite, Apt. #, etc			Suite, Apt. #, etc.				65-0187056		\$8.75 A	ot Applicable	
2		27				····	5. Certificate of Status Desired		Fee Re			
City & Star	ite		City & S	tate				Election Campalgn Financing Trust Fund Contribution		\$5.00 Added t		
Zip		Country	Zip		—	intry		8. This corporation has liability for		ax under s.		
4	9. Name and	d Address of Current	29 l Registered Ag	ent	30	<u> </u>		Florida Statutes 10. Name and Address of New R				
CAS				Name								
911 E PONCE DE LEON PH #1601 CORAL GABLES FL 33134			Í			82	Street Add	ess (P.O. Box Number is Not Acceptable)				
, 00	INC OVERED !	L 00104				83						
						84	City		FI	85 Zip (Code	
office or	registered agent.	of Sections 607,0502 or both, in the State and accept the obliga	of Florida. Such	change was	s authorize	d by	the corpora	rporation submits this statement for the ation's board of directors. I hereby acception	purpose of o	changing its intment as	s registered registered	
SIGNATURE.	Signature, typed or pr	inted name of registered ager	it and title if applicable	(NC	OTE: Registere	d Ape	ent signature requ	ulrød when reinstating)	DATE			
12.	T R	OFFICERS AND		T DEVETE	13.			ADDITIONS/CHANGES TO OFFI				
TITLE NAME	DE VELASCO	D, ARMANDO F	ι	DELETE	1.1 Ti 1.2 N		ł		ı	Change	Addition	
STREET ADDRESS	. 911 E PONC	E DE LEON					ADDRESS					
CITY-ST-7IP	CORAL GAB	LES FL					T-ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE NAME	D CASANAS, F	REFINERTO	Ļ	DELETE	2.1 TO 2.2 N		3		L] Change	Addition	
STREET ADDRESS	911 E PONC	E DE LEON			•		ADDRESS	•				
CHTY-ST-ZIF	CORAL GAB	LES FL		1 00:000			ST-ZIP				····	
litue Name			Ļ	DELETE	3.1 TI 3.2 N				1	Change	L Addition	
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP							ST-ZIP		·			
TITLE Name			L) DELETE	4.1 Ti 4.2 N				l] Change	Addition	
STREET ADORESS					1		ADDRESS	1				
CITY - \$1 - ZIP	ļ						T-ZIP			7		
THLE			l	DELETE	5.1 TI				L	Change	Addition	
name Street address					5.3 S		ADDRESS					
CITY - ST - ZIF	10,						T-ZIP			(a.e.		
TILE				DELETE	61 To					Change	Addition	
NAME CTOSE LADDRECE					62 N		ADDRESS					
STREET ADDRESS CITY-ST-ZIP					6.3 S 6.4 C		ADDRESS T-7IP					
14, 1 do here	eby certify that the	information supplied	with this filing o	loes not qua	lify for the	ехе	mption state	ed in Section 119.07(3)(i), Florida Statut	s. I further	certify that	the	
Lam an cappears	officer or director in Block 12 or Bl	of the corporation or ook is shanged, or	the receiver or to on an attachme	rustee empo nt with an ac	wered to didress.	xe¢	ute this repo	at my signature shall have the same leg ort as required by Chapter 607, Florida	Statutes; an	that my n	ame	