FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 1.852

(8)

1. Corporation BUILD-		_00200	(0)							
Principal Place of Business Mailing Address							-			0)031 01011 100 1
9910 SW 3 ST 9910 SW 3 ST MIAMI FL 33174 MIAMI FL 33174										
						3. Date Incorporated or Qualified 07/05/1990		of Last Re 5/01/199		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	.1 .		Applied For	
21			26			65-0204153	.,		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country		Zip		Country		8. This corporation has liability for		ax under s	199.032,
24	25		29 30				Florida Statutes Yes 10. Name and Address of New R	No No	Agani	
	9. Name and Add	ress of Current Re	gistereo Agent	8	1	Name	10. Name and Address of New h	egistered	Agent	
LOPEZ	ISABEL S.		8			ss (P.O. Box Number is Not Acceptab	le)			
9910 SW 3 ST										
MIAMI FL 33174				8	3					
				8	4	City		FL	85 Zip	Code
or registere familiar with	o the provisions of Sec ed agent, or both, in th h, and accept the oblig	ctions 607,0502 and ne State of Florida. S gations of, Section 6	607,1508, Florida Statutes such change was authorize 607,0505, Florida Statutes.	s, the above d by the cor	rpo	amed corporat ration's board	ion submits this statement for the pur of directors. I hereby accept the app	pose of chointment as	anging its re registered	egistered office agent. I am
SIGNATURE	Signature, typed or printed nan	no of registered agont and to	ile if applicable. (NOT	É: Registered Ag	gent :	signature required v		DATE		
12.	T -		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF		DIRECTO Change	RS IN 12 Addition
THLE	D LODEZ 1000E	•	. 1					ı	Change	[] Addition
NAME STREET ADDRESS	LOPEZ, JORGE 9910 SW 3 ST	L.			1.2 NAME 1.3 STREET ADDRESS					
CHY-SI-7P	MIAMI FL				1.4 CITY-ST-ZIP					
TITLE	D		☐ DELETE 2				, , , , , , , , , , , , , , , , , , , ,	[Change	Addition
NAME	LOPEZ, ISABEL	S .			£					
STREET ADDRESS	9910 SW 3 ST				2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL				2.4 CITY-ST-ZIP 3.1 TITLE				Thange	Addition
TITLE NAME			LJ beten		3.2 NAME			,	change	F.1
STREET ADDRESS				3 3 STR		ADDRESS				
CITY-S1-ZIP				3.4 CITY	- \$T-	- ZIP				
TITLE			DELETE	4. 1 7 ITL	E.				Change	Addition
NAME				4.2 NAM	E					
STREET ADDRESS				4.3 S1RE	ET A	IDORESS				
CITY-S1-ZIP			POLITE	4.4 C(1)Y		- ZIF			Change	Addition
TITLE			DELETE	5. 1 TITE					The readings	L. Availlon
NAME				5.2 NAM		Inneree				
STREET ADDRESS				5.3 STRE 5.4 CITY						
CITY - ST - ZIP TITLE			DELETE	6. 1 TITL		- 217			Change	Addition
NAME				6.2 NAM					•	
STREET ADDRESS				6.3 STREET ADDRESS						
CALLET ADDISCOO				1						

14. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 chapter 607, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Dy 7220 1238

CR2E034 (12/95)