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

DOCUMENT # M06444

(7)

LUIS F. FERNANDEZ & ASSOCIATES, INC.

Principal Place of Business Mailing Address
10434 S.W. 21ST TERR.

10434 S.W. 21ST TERR.

FILED May 08 1997 8:00am Secretary of State



10434 S.W. 21ST TERR. MIAMI FL 33185		IAIC	Maning Address				{				
			10434 S.W. 21ST TERR. Miami Fl 33165-7338								
						10/15/1984 05/0			e of Last Report		
2. Principal Place of Business			2s. Mailing Address			4, FEI Number			Applied For		
21		26	4 4				59-2456012			Not Applicable	
Suite, Apt #, etc. 22		27					5. Certificate of Status Desired		\$8.75 Additional Fee Required		
Crty & State			City & State	•			Election Campaign Financing Trust Fund Contribution			O May Be	
23	Country	28	Zip	Count	ry		B. This corporation has liability for	r intanoible			
24	25	29		30			Florida Statutes	Yes [□ No		
}	lame and Address of Curr	ent Regis	itered Agent		21		10. Name and Address of New	Registered	Agent		
	EZ, LUIS F.			16	1	Name					
10434 SW 21 TERRACE MIAMI FL 33165				8:	82 Street Address (P.O. Box Number is Not Acceptable)			able)			
1				8:	3						
				8	4	City	í	FL	85 2	ip Code	
11 Pure and to the r	vovis are of Sections 607.0	3 bne 203	07 1508 Florida Stati	ites the sho		named corr	poration submits this statement for th		f changir	n its registered	
SIGNATURE	iar with, and accept the obli						poration submits this statement for thi tion's board of directors. I hereby acc red when reinstaling)	DATE			
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OF				
TITLE PTD	NANDEZ, LUIS F.		☐ DELETE	1.1 TITLE		6	FRUMULEZ, LUIS 6434 SW 21 TE MAMI, FL 3316	F.	Chan	ge Addition	
427	N.W. 27TH AVE.			1.2 NAMI		IDDDCCC F	ERNINSW SITE	थर			
Quint and indicate	MI FL			1.4 CITY-		ADDRESS (11 Aug. F1 3316	5			
TITLE VSD			☐ DELETE	21 1111	_	- 217	ware, 100		Chan	ge Addition	
	NANDEZ, NANCY H.			2.2 NAM	E						
	34 SW 21 TERR.			2.3 STRE	ET A	address					
CITY-ST-ZIP MIAI	VI FL			2.4 CITY		T- ZIP	······································		·		
Bitt			☐ DELETE	3 1 TITLE			ť	* ***	Chan	ge L Addition	
NAME				32 NAM							
STREET ADDRESS						ADDRESS)					
CHY-S1 ZiF THLE			DELETE	3.4. C(TY 4.1 T)TLE		1-211	· · · · · · · · · · · · · · · · · · ·		Chan	ge Addition	
NAME			_ _	4. 2 NAV						- -	
STREET ADDRESS				4.3 STRE	ET A	ADDRESS					
City - S1 - ZiP				4.4 CITY	- \$1	- ZIP					
THE			DELETE	5.1 TITLE	E				Chan	ge Addition	
NAME				5.2 NAM							
STHELL ADDRESS				5.3 STRE		1					
City St. Zir			☐ DEŁETE	5.4 CITY		-ZIP			☐ Char	ge Addition	
I:TIF			□ DECEIE	61 TITLE					LLI VIIdi	Se FT VOGITION	
NAME STEZET APPROLEC				6.2 NAM		ADDRESS					
STREET ACORESS				. I		Ļ					
CHY-ST ZIP				6.4 CITY	. 21	- 711					

14. I do 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 commission or My society or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if changed, by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF GIONNIA OFFICER OR DIRECTOR

(305)643-6730 #124