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



COF ANNU	PROFIT ORPORATION NUAL REPORT 1997		FLORIDA DEPARTMENT OF STAT Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		e		Apr 23 1997 8:00 Secretary of Sta					
DOCUI	MENT # MO8 Port & Export, I		(9)									
Principal Place of Business Mailing Address 121 S.E. 2ND AVENUE 121 S.E. 2ND AVENUE MIAMI FL 33131 MIAMI FL 33191-1501								0f881 ff88f 1411 9		1 VIVII VIV i 1	<u> </u>	
							ate Incorporated of 1/30/1984	r Qualified		of Last Re /1996	eport	
2. Principal P 21	lace of Business	2a. 26	Mailing Address			4, F	El Number 59-2469512			Ap	oplied For	
Suite, Apt.	#, etc	27	Suite, Apt. #, etc.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ertificate of Status	Desired		\$8.75 A	Additional	
City & State	D	28	City & State				lection Campaign	-		\$5.00 Added t		
Zip 24	Country 25	29	Zip	30 Co	ıntry	8. T	his corporation ha forida Statutes	liability for in	tangible te	x under s.		
	9. Name and Address	of Current Regist	ered Agent	- 1	B1 Name	10. N	ame and Addres	of New Reg	Istered A	ent		
121	CIA, DANIEL PODBOY S.E. 2ND AVENUE AI FL 33131					Address (P.C). Box Number is f	lot Acceptabl	e)			
				7-2	84 City			,,	FL		Code	
11. Pursuant office or r agent Ta	to the provisions of Section egistered agent, or both, in m lamiliar with, and accept	s 607,0502 and 60 the State of Floric the obligations of	7.1508, Florida Statu ia: Such change was Section 607.0505, F	ites, the a authorize torida Sta	bove-named d by the corp tutes.	corporation (poration's box	submits this staten ard of directors. I t	nent for the pa nereby accep	urpose of c t the appoi	shanging it ntment as	s registered registered	
SIGNATURE	Styric vicings also printe I name of s				d Agent signature			,	DATÉ			
12.	OFFI	CERS AND DIREC		13.	O A GUARANTE		DITIONS/CHANG	ES TO OFFIC		DIRECTOR	IS IN 12	
THLE MAME STREET ADDRESS	VSD GARCIA, DANIEL POD 121 S.E. 2ND AVENUI MIAMI FL		DELETE		ame Treet address					Change	Addition 3	
CHY-SE ZIP THEE NAME STREET ADDRESS	PTD GARCIA, ELDA PODBI 121 S.E. 2ND AVENUI MIAMI FL		☐ DELETE	2.1 T 2.2 t 2.3 \$	AME TREET ADORESS				L.	Change	Addition	
THEF NAME STREET ADDRESS	mirmi F¢		DELETE	31T 32M	CITY-ST-ZIP ITLE IAME TREET ADDRESS				C	Change	Addition	
CHY-ST-ZW TOUT NAME STREET ADDRESS			DELETE	411	City-St-Zip Itle Name Theet address	- NEARL - L.		<u>, , , , , , , , , , , , , , , , , , , </u>	Ţ	Change	Addition	
CHY-S1-74* TILE NAME STREET ADDRESS			☐ DELETE	5.11 5.21	ITY-ST-ZIP ITLE IAME TREET ADDRESS					Change	Addition	
City-St. 26	1			5.40	ITY-ST-ZIP							

6.4 CITY - ST - ZIP COLE ST 2P 14. 1. 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 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 changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

THLE

NAME

STREET ADDRESS

DELETE

Change Addition