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PROFIT
CORPORATION
ANNUAL REPORT
1997

DOCUMENT #
1. Corporation Name
PICASO BUSINESS II

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M23094 (S

(9)

FILED Apr 09 1997 8:00am Secretary of State

Principal Plac P.O. BOX 557 MAMI FL 832		Mailing Address P.O. BOX 557547 MIAMI FL 33255-7547				110), 110))) 110)) 111 1111 1111 1111		
					3. Date incorporated or Qualifie 11/07/1985		ate of Last F 16/1996	Report
	Place of Business 71 W FIACLER ST	2a. Mailing Address			4. FEI Number 59-2659217			pplied For
1] 48 / Suite, Apt	verice	Suite, Apt. #, etc.						lot Applicable Additional
2		27			5. Certificate of Status Desired			Required
City & Stat		City & State			6. Election Campaign Financing	provide the same of the same o		May Be
3 MIA.	mi Florida Country	28	Country		Trust Fund Contribution	L		to Fees
Zip 4 ∂ <i>∂/∂</i>		Zip 29	30		 This corporation has liability f Florida Statutes 	or intangible		s. 199.032,
1 0010	9. Name and Address of Curre		30)		10. Name and Address of New			
CA	STILLO, NOEL		81	Name	PATILLA - NOAL			
	00 NW 7TH ST., SUITE 438		82	Street Ac	- ASTIIIO - NOAL Idress (P.O. Box Number is Not Accept 71 W FIAGLER ST	table)	 	
MA	MI FL 33126		83	48	71 W FIAGICE 57	-		
			84	City	AMI	FL		Code
11. Pursuant	t to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above	-named o	progration submits this statement for the			, , ,
office or i agent. La	registered agent, or both, in the State am familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 607.0505, Flor	uthorized by rida Statutes	the corpo	orporation submits this statement for the ration's board of directors. I hereby ac	cept the app	pointment as	s registered
SIGNATURE	•	•						
	Signature, typiest or printed name of registered a				quired when reinstating)	DATE	BIDEATO	
12.	OFFICERS A	ND DIRECTORS	13.	ent signature re	ADDITIONS/CHANGES TO OF			
1 2. NTLE	OFFICERS A		13. 1.1 TITLE	ant signature re	ADDITIONS/CHANGES TO OF		DIRECTO	
IZ. ITLE VAME	OFFICERS A	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ent signature re	ADDITIONS/CHANGES TO OF OT CAST///O + NOSL			
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4. To 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 corpy ation 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 in Changed, or on an attachment with an address.

SIGNATURE:

AT THE AND TYPED OF PRINTED NAME OF SIGNING DEFICER OF DIRECTOR

4/01/97

Daytime Phone #