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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS			Secretary of State			
DOCUN 1. Corporation	MENT # NO ORP. AGENTS,		(1)						
THO TO	OIII · AGERTO,	1140,							
Principal Piace	of Business		Mailing Address	H					
8405 NW 53RD ST. Suite C-100 Miami Fl. 33166		!	8405 NW 53RD ST. SUITE C-100 MIAMI FL 33166-4511						
			_			3. Date Incorporated or Qualified 06/04/1986	3a. Date of Last 05/01/1996		
2. Principa! Place of Business 1			2a. Mailing Address 26			4. FEI Number 59-2692436	 -	Applied For Not Applicable	
Suite, Apt. #, etc.			Suite. Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
City & State	·		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Z(p)	Cour 25		Zip	Country 30		8. This corporation has liability for			
4		ress of Current Reg		[30] 		10. Name and Address of New Re			
	NANDEZ, JOSE S.			B1	Name				
	5 NW. 53RD ST.			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
SUITE C-100							<u> </u>		
MIAMI FL 33166				83					
					84 City FL 85 Zip Code				
office or re agent I an SIGNATURE	egistered agent or bo m familiar with land a Signaline baed orpomed a	oth, in the State of Flo occupt the obligations and of registered agent and t	orda Such change was a of Section 607.0505, Floored and cable INOT	authorized by orida Statutes (E: Begistered Age	y the corpora s.	rporation submits this statement for the pation's board of directors. I hereby acception when reinstating)	pt the appointment a	as registered	
12. TITLE	'9	OFFICERS AND DIR	ECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO		
NAME	FERNANDEZ, JO	SE S JR.	_ butte	1.2 NAME		21			
STREET ADDRESS	8405 NW 53RD \$			1.3 STREET	ADDRESS				
CITY+ST-ZIP	MIAMI FL 33166			1.4 CITÝ - S	ì	_			
TITLE	31,		DELETE	2.1 TITLE			Change	e Addition	
NAME	FERNANDEZ, LID			2.2 NAME		·			
STREET ADDRESS	8405 NW 53RD 5 MIAMI FL 33166	SI., SUITE U-100		2.3 STREET	1				
CITY - ST - ZIP	V/P		DELETE	2. 4 CITY - : 3.1 TITLE	S1-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Chang	e Addition	
NAME	FERNANDEZ, JO	SE S		3.2 NAME		V 1 ·		······	
STREET ADDRESS				3.3 STREET	ADDRESS		er.		
C:TY - ST - ZIP	MIAMI FL 33166			3 4. CITY - 5	ST-ZIP				
1111.6			☐ DELETE	4.1 TITLE			L. Chang	e L Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET					
C-TY+ST+ZIP TITLE	***************************************		DELETE	4.4 CITY - S 5.1 TITLE	J1-21r		☐ Chang	e Addition	
NAME				5.2 NAME			-		
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY - ST - 7IP				5.4 CITY - S	ST - ZIP				
71115		arman management the same	DELETE	6.1 TITLE			☐ Chang	ge 🔲 Addition	
NAME .		/1.		6.2 NAME					
STREET ADDRESS				6.3 STREET					
City-St-7iP	y certify that the infer	matty supplied with	this filing does not ougl	6.4 CITY-S		ed in Section 119.07(3)(i), Florida Statute	es. I further certify th	at the	
information Lam an of	n indicated on t his ar	null report or supple pay paration or the r	emental annual report is I	true and accu vered to exec	urate and tha	at my signature shall have the same legs ort as required by Chapter 607, Florida S	al effect as if made :	under oath; that	

SIGNATURE:

JOHN FERMANDE V.P. 1-23-97 311-1990139
ING OFFICER OF DIRECTOR

Date

Date

Dayline Phone !

FILED

Jan 30 1997 8:00am