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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthain

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

		Mailing Address 2310 SW 16TH CT MIAMI FL 33145-3933			
				3. Date Incorporated or Qualified 06/30/1986	3a. Date of Last Report 02/12/1996
2. Principal Place of Business 2a. Mailing Add 21 26		2a. Mailing Address	· 1	4. FEI Number 59-2817936	Applied For Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	/	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7ip 24	Country 25	Zip 29	Country 30		Yes No
CCO	9. Name and Address of Curren	it negistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
FERNANDEZ, FRANCISCO 2310 SW 16TH CT MIAMI FL 33145				dress (P.O. Box Number is Not Acceptab	ole)
*****			83		
			84 City		FL 85 Zip Code
office of ragent. I a SIGNATURE 12.	registered agent, or both, in the State am familiar unit and accept the obligation typed or pertec name of repolared age OFFICERS ANI	int and filler if appricable. (NOT	authorized by the corpor orda Statutes. E Registered Agent signature rec. 13. 11 TITLE	orporation submits this statement for the pration's board of directors. I hereby acceptable to the property of	- 8-97 DATE
NAME STREET ADDRESS	FERNANDEZ, FRANCISCO 2310 SW 16TH COURT		12 NAME 13 STREET ADDRESS	Consequence of the Ports	and the same of th
CITY-ST-7:P	MIAMI FL		1.4 CITY-ST-ZIP	April 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 10
NAME STREET ACCRESS CITY-S1-7IP	ST FEMANDEZ, DAIGN 2010 DW 10TH OT, TAIMAN EL	© DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST-ZIP		Change Addition
TITLE NAME	VP FERNANDEZ, FRANK	☐ DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS CITY: ST-Zip	2310 SW 16 COURT MIAMI FL	•	3.3 STREET ADDRESS 3.4. CITY+ST-ZIP		
TITLE NAME		DELETE	4.1 TITLE 4. 2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			4.3 STREE1 ADDRESS 4.4 CITY - ST - ZIP	**************************************	
NAME STREET ADDRESS C(TY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	; :	Change Addition
TITLE NAME STREET ADDRESS		L. DELETE	6.1 TITLE 6.2 NAME 6.2 STREET ADDRESS		Change Addition

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 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.

FILED

Mar 11 1997 8:00am

Secretary of State