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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

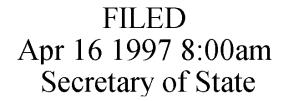
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # M35031

(7)

ASTURIAS ENTERPRISES, INC.



) (1887) (1897) (1897) (1897) (1897) (1897) (1897) (1897) (1897) (1897) (1897) (1897) (1897) (1897) (1897)

Principal Place	of Business	Mailing Address				-] 1 TORKERHIN OUD ANTON DETEN DENEM HADE HADE WINTE BEIDT BEIDT BEIDT BEIDT DENEM DIDEN DER HEBEN		
1775 N.W. 70TH AVE. MIAM FL 83126		1775 N.W. 70TH AVE. MIAMI FL 33126-1341						
						3. Date Incorporated or Qualified 07/10/1986	3a. Date of L 03/28/19	
2. Principal Place of Business		2a, Mailing Address			4. FEI Number	<u> </u>	Applied For	
21		26	26			59-2695909 Not Applicable		
Suite, Apt. #, etc. 22 City & State 23		Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
		City & State	├ - ¬ ′			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip -	30	ntry		8. This corporation has liability for in Florida Statutes	ntangible tax un Yes 🔲 No	ider s. 199.032,
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Reg	distered Agent	
	ONEZ, RAFAEL A.			81	Name			;
	N.W. 70 AVE. I FL 33126		82		Street Address (P.O. Box Number is Not Acceptable)			
17H/MTI	114 00160		ĺ	83	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				84	City		FL 85	Zip Code
						oration submits this statement for the property board of directors. I hereby accept		

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			3. Date Incorporated or Qualified 3a. Date of Last Report			
			07/10/1986 03/28/1996			
2. Principal Place of Business	2a, Mailing Address		4. FEI Number Applied For			
21	26		59-2695909 Not Applica			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		F1 \$8.75 Additional			
22	27		5. Certificate of Status Desired Fee Required			
City & State	City & State		6. Election Campaign Financing \$5.00 May Be			
23	28		Trust Fund Contribution			
Zip Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032			
9'	29	30	Florida Statutes Yes No			
9. Name and Address of Control of		1	10. Name and Address of New Registered Agent			
ORDONEZ, RAFAEL A		81 Name				
1775 N.W. 70 AVE.						
1//0 N.W. /U AVE.		82 Street Add	Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33126		83				
		83				
		84 City	85 Zip Code			
40			₽L∤			
11. Pursuant to the provisions of Sections 607	.0502 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose of changing its register ition's board of directors. I heroby accept the appointment as registere			
agent. I am familiar with, and accept the	state of Florida. Such change was all obligations of, Section 607,0505, Flor	umonzea by the corporat rida Statutes.	ition's board of directors, I nereby accept the appointment as registered			
101	3 ,					
BIGNATURE Signature, typed or printed name of register	ed agent and title if applicable (NOT).	Frugistered Agent signature requi	red when reinstaling) DATE			
42. OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE DP	DELETE	1.1 1111.E	Change Addil			
NAME ORDONEZ, RAFAEL		1.2 NAME				
Signature, typed or printed name of register 18. OFFICERS TITLE DP NAME ORDONEZ, RAFAEL 1775 N.W. 70 AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP MIAMI FL		1.4 City - \$1 - ZiP				
THILE	DELETE	2.1 TITLE	Change Addit			
N/4						
NAME H		22 NAME				
STREET ADDRESS		2.3 STREET ADDRESS	•			
CITY-ST-ZIP		2. 4 CITY - ST - 2IP				
TITLE	DELETE	3.1 TITLE	Change			
NAME		3.2 NAME				
* STREET ADDRESS		3.3 STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY- \$1-ZIP				
A TITLE A	☐ DELETE	4.1 TITLE	☐ Change ☐ Addit			
NAME		4. 2 NAME	•			
STREET ADDRESS		4.3 STREET ADDRESS				
CITY-ST-ZIP		4.4 CITY-S1-ZIP				
en thre	DELETE	51 THLE	Change Addit			
SALAME			Consulte — Value			
		5.2 NAME				
STREET ADDRESS		5.3 STREET ADDRESS				
CITY-ST-ZIP		5.4 CHY-S1-ZIP				
TITLE	DELETE	61 111tE	Change Addit			
NAME		6.2 NAME				
* STREET ADDRESS		6.3 STREET ADDRESS				
COTY-ST-ZP	4	6.4 CHTY - ST - 7IP				

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the fuel report is true and accurate and that my signature shall have the same legal effect as if made under oath; that trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name