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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M37082

(8)

FILED	
Apr 28 1997 8:00am	1
Secretary of State	

Principal Place of Business Mailing Address 5130 8.W. 96 AVENUE 1401E 4TH AVENUE SUITE 102 US HIALEAH FL 3310-3504								
		US			3. Date Incorporated or Qualified 08/20/1986		ate of Last R 01/1996	eport
2. Principal	Place of Business	2a. Malling Address			4. FEI Number	l <u>`</u>	<del></del>	oplied For
gt Suite. An	at # rite	26 Suite, Apt. #, etc.		<del></del>	59-2753400			ot Applicable Additional
2	η <b>ν</b> , τ.α,	27			5. Certificate of Status Desired		•	equired
City & St	tate	City & State			6. Election Campaign Financing		\$5.00	May Be
:3		28	<del></del>		Trust Fund Contribution		Added	to Fees
Z∖p 	Country	Zip	Cour	ntry	8. This corporation has fiability for	intangible <b>K</b> i Yes		. 199.032
4	25 9. Name and Address of Curre	29  nt Registered Agent	30		10. Name and Address of New Re			
QU	JIRANTES, TULIO			81 Name				
	01E 4TH AVE SUITE 102		}	82 Street Add	bress (P.O. Box Number is Not Acceptat	ole)	<del></del>	<del></del>
HV	ALEAH FL 33010		L		3,000 (7.0. DOX (1011100) 10 (10111000)			
			,	B3				
			Į į	B4 City		FL	85 Zip	Code
<b>11</b> Conc. 157	at to the province of Sections 607.050	22 and 607 1608 Florida Statu	ites the ah	ove named cor	rporation submits this statement for the p			te ranistared
- Office a	or registered agent, or both in the State Lam familiar with, and accept the oblig	e of Florida. Such change was	authorized	by the corpora	etion's board of directors. I hereby acce	pt the app	pointment as	registered
agenti	тат тапшал мил, апо ассерстве общ		Slorida Statu	iton				
0.00.00	,	gations or, Section our boos, r	Florida Statu	ites.				
SIGNATURE	Styrative, typication practical name of registered ag	ent and title 4 applicable (NC	lorida Stati. DE: Registered	ites.	uired when reinslating)	OATE		
12.	Styratore, typed or proded carne of registered ag OFFICERS AN	ent and filler Lapplicable (NC ID DIRECTORS	TE Registered	Agent signature requ				
<b>12.</b> MLE	Styrative, typed or prailed cannot begistered ag OFFICERS AN	ent and title 4 applicable (NC	TE: Registered	Agent signature requ LE	uired when reinslating)		DIRECTOR Change	RS IN 12
12. TILLE NAME	OFFICERS AN PTSO QUIRANTES, TULIO	ent and filler Lapplicable (NC ID DIRECTORS	Torida Statu DTE: Registered 13. 1.1 TITI 1.2 NA	Ageni signature requ LE ME	uired when reinslating)			
12. Tille Name Street address	OFFICERS AN PTSO QUIRANTES, TULIO	ent and filler Lapplicable (NC ID DIRECTORS	TE: Registered 13. 1.1 TITI 1.2 NAP 1.3 STP	Agent signature requirements LE ME REET ADORESS	uired when reinslating)			
12. THLE NAME STREEL ADDRES CITY+91-749	OFFICERS AN OFFICERS AN OFFICERS AN OFFICERS AN OUIRANTES, TULIO 1401E 4TH AVE SUITE 102 HIALEAH FL VD	ent and filler Lapplicable (NC ID DIRECTORS	TE: Registered 13. 1.1 TITI 1.2 NAP 1.3 STP	Agent signature requ LE ME REET ADDRESS Y-ST-ZIP	uired when reinslating)			Addition
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14. I do hereby certify that the information supplied with this filling 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 are 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 Brock 13 if changed, or on an attachment with an address.

SIGNATURE:

Quenents

OF SIGNING OFFICER ON DIE

Prasident 1/16/97

(305) 882

ne Phone # 0114510