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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997	DIVISION OF	CORPORA	ATIC	ONS			_ ~ .	
	MENT # M4008 OMES CORPORATION	51 (8)				A PERINDIN DIGIT BEAU BRIEF BINAL FRE	BiBis BiBib di	MAL MEMAL MANYA	118 11 1 88 1
•	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·			F CERNEUEL (IN AUDIE MAINE BOEAL ALIDE IIA)	MFAIE MINIT DI	#11 #1#14 #1#11 #	Timit rant
7295 SW 34 ST, RD. Miami Fl 33155		1883 N.W. 7 STREET				1			
		MIAMI FL 33125-3570							
		US				3. Date Incorporated or Qualified 10/15/1986		te of Last Ro 1/1 996	aport
2. Principal F	lace of Business	2a. Mailing Address				4. FEI Number			plied For
1		26				59-2737780		No	t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	
2 City & Stat	lo	City & State				A Starter Develop Street	·	Fee Re	
3		28				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Cou	intry	,	8. This corporation has liability for			
4	25	29	30			Florida Statutes	Yes [] No	
	9. Name and Address of Curr	rent Registered Agent		81	Name	10. Name and Address of New Re	gistered /	igent	
CAGIGAS, ANIADNE DE LAS					ivanie				
	70 SW 39 LANE MI FL 33175		82 Street Ac			dress (P.O. Box Number is Not Acceptat	ole)		
MIA	MITL 33179			83	ļ	· · · · · · · · · · · · · · · · · · ·			
				84	City		FL	85 Zip (Code
SIGNATURE	Segretize type are printed name of registered					rporation submits this statement for the pation's board of directors. I hereby acceluired when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS	13.		····	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	CAGIGAS, ARIADNE DE LAS	☐ DELETE	1,1 TO		ł	•		L Change	Addition
NAME STREET ADDRESS	13570 SW 39 LANE	•	12 N/		T ADDRESS				
omeer wateress. Only-S1-ZiP	MIAMI FL				ST-ZIP	1			
TIBLE		DELETE	2.1 Tr					Change	Addition
NAME:			2.2 N	AME					
STHEET ASOMESS			2.3 S1	IREET	T ADDRESS				
CITY ST 7F					ST-ZIP				
TILE		DELETE	317)					Change	Addition
NAME CAMELL ASSESSED			3.2 N		T ADDDECO				
STREET ADDRESS.					t address St-zip	•		•	
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STREET ADORESS			4.3 \$1	TAEET	T ADDRESS	•			
CHY-ST ZIE			4.4 CI	IY- 5	ST-ZIP				<u></u>
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MANE.			5.2 NJ						
STREET ADDRESS.			1		1 ADDRESS				
C 13 ST-701 TIBLE		DELETE	5.4 CI 6.1 Ti		S1-ZIP			Change	Addition
NAME		Append to see to 1 to	6.1 N						
STREET ADDRESS					T ADDRESS	•			
CIEV-SI-7/2					ST-ZIP				

14. Ide hereby certily 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 eath; 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 chapter or on an attachment with an address.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 15 1997 8:00am

Secretary of State

Daytime Phone #