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

	MENT # M4430 NAME NDS SECTION FOUR COL	· · ·				0.1013		
Principal Place of Business		Mailing Address	Mailing Address			BIBII BABA DI	019 (11911 (14 9 1)	A10((1884
550 N.W. LEJE SUITE 202 MIAMI FL 3312	,	550 N.W. LEJEUNE RD Suite 202 Miami Fl 33126-5671						
					3. Date Incorporated or Qualified 01/06/1987	ied 3a , Date of Last Report 04/29/1996		
	Plane of Business	2a, Mailing Address			4, FEI Number		· ·	plied For
21		26			59-2764042			ot Applicable
Suite, Apt	#, €tc.	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 . Fee Re	Additional equired
Oity & Sta 23	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Countr 30	у	8. This corporation has liability for Florida Statutes	intangible Yes		. 199.032,
	g. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re	gistered /	gent	
COI	TE 805 RAL GABLES FL 33134	Of St. and St. 7 4500. Excelle Classic	84	City		FL	11	Code
agent La	to the provisions of Sections bur- registered agent, or both, in the S an Tamiliar with, and accept the o	.050/2 and 607.1508, Florida Siatule state of Florida. Such change was a bigations of, Section 607.0505, Flo	uthorized b rida Statute	ye-named co by the corporates.	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose or of the app	changing ii ointment as	registered
SIGNATURE	Standame typed or painted name of maistere	d agent and title if applicable. (NOTE	Registered A	ent signature req	juired when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND		
111118	PD	☐ DELETE	1.1 TITLE				Change	Addition
NAM:	ARRIAGA, CARLOS A.	26N	1.2 NAME	L L				
STREET ADDRESS	600 GRAPETREE DR., #10 DS 3G-N KEY BISCAYNE FL 33149			T ADDRESS				
CITY-ST ZIP			1.4 CITY- 2 1 TITLE	51-ZIF			Change	Addition
NAME	}	to the second se	2 2 NAME	1				
STREET ADDRESS				T ADDRESS				
CITY - 5.1 - 712			2. 4 CITY					
THE			3.1 TITLE				☐ Change	Addition
NAME		•	3.2 NAME	1				
STREE ACORESIS			3.3 STREI	T ADDRESS				

City 51-7ir

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 am an officer or director of the corporation or the Acciver 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, words attachment with as adults.

3 4. CITY - \$1 - ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

41 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

54 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

DELEYE

DELETE

SIGNATURE:

C(TY-51-26

CHY SI-78

STRE- LADORESS

STREET ADDRESS.

CHY SI 762

HEE

NAME STREET ADDRESS

TITLE

10,5

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

3/10/97

FILED

Apr 21 1997 8:00am

Secretary of State

Daytime Phone #

Change

Change

Change

Addition

Addition

Addition