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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Secretary of State			
DOCUI 1. Corporatio REVEN	MENT : on Name CORP.	# M4872	22	(6)			######################################	i Braks Braks Braks Braks Bra	
Principal Place of Business Mailing Address ** LEONARDO GRAVIER ** B99 PONCE DE LEON BLVD. FIFTH FLOOR CORAL GABLES FL 33134 **CORAL GABLES FL 33134 **Mailing Address ** LEONARDO GRAVIER **999 PONCE DE LEON BLVD. CORAL GABLES FL 33134					ilvd. Fifth f	LOOR			
							3. Date incorporated or Qualified 03/20/1987	3a. Date of Last 04/05/1996	•
	Place of Busine	S S	h1	ing Address			4. FEI Number		Applied For
Suite, Apt	#, etc	,, <u>, , , , , , , , , , , , , , , , , ,</u>	26 Suite	e, Apt. #, etc.			65-0013791		Not Applicable Additional
2			27				Certificate of Status Desired	Feel	Required
City & Stat	te		City 28	& State			6. Election Campaign Financing Trust Fund Contribution	_	May Be I to Fees
Zφ		Country	Zip		Count	try	8. This corporation has liability for		s. 199.032,
4]	9. Name a	5 nd Address of Cur	29 29 rrent Registered	Agent	30		Florida Statutes 10. Name and Address of New Re	Yes No	
GR/	AVIER, LEON	ARDO		, T	8	1 Name			
999 PONCE DE LEON BLVD. FIFTH FLOOR 82 Street /						Street Add	dress (P.O. Box Number is Not Accepta	ble)	_
COL	ral gables	FL 33134			a	13			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					1			[ar] 7	Code
					16	34 City		FL 65 Zi	Code
11. Pursuant	to the provisio	ns of Sections 607.	0502 and 607.15	08, Florida Statuch change wa	tutes, the abo	ove-named cor by the corpora	rporation submits this statement for the		its registered
SIGNATURE		printed name of registered	d agent and title if appli	cable (N	OTE: Registered		rporation submits this statement for the ation's board of directors. I hereby acceured when reinstating)	purpose of changing pt the appointment a	
SIGNATURE	Signature, typed or	printed name of registered		cable (N		Agent signature requ		purpose of changing pt the appointment a	ORS IN 12
SIGNATURE 12.	Signature, typed of DSTP VACCARO	printed name of registered OFFICERS	d agent and little if applic AND DIRECTOR	cable (N	OTE Registered /	Agent signature requ	uired when reinslating)	purpose of changing pt the appointment a DATE CERS AND DIRECTO	ORS IN 12
SIGNATURE 112. DITLE NAME	DSTP VACCARO 999 PONC	PINTED NAME OF TEGIS PERCENS , RAUL E. E DE LEON BV 5	d agent and little if applic AND DIRECTOR	cable (N	13. 1.1 Tifts 1.2 NAM 1.3 STR	Agent signature requirements E E E E E E E E E E E T D D R D	uired when reinslating)	purpose of changing pt the appointment a DATE CERS AND DIRECTO	ORS IN 12
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SIGNATURE 12. HITE HAME STREET ADDRESS CITY-SI-ZIP HITE	DSTP VACCARO 999 PONC	PINTED NAME OF TEGIS PROPERTY. OFFICERS RAUL E. E DE LEON BV 5	d agent and little if applic AND DIRECTOR	cable (N	13. 1.1 Tifts 1.2 NAM 1.3 STR	Agent signature required to the signature re	uired when reinslating)	purpose of changing pt the appointment a DATE CERS AND DIRECTO	ORS IN 12
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 17 1997 8:00am