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FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M57448

(6)

1. Corporation Name

SUAREZ & SUAREZ CORPORATION

Principal Place of Business

7917-7921 NW 21ST STREET
MIAMI FL 33126
US

Mailing Address

7917-7921 NW 21ST STREET
MIAMI FL 33122-1616
US



3. Date Incorporated or Qualified
08/13/1987

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2844642

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD
1500 MIAMI CENTER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	SUAREZ, ALFREDO D.	
STREET ADDRESS	7917-7921 NW 21ST STREET	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SUAREZ, ALFREDO A.	
STREET ADDRESS	7917-7921 NW 21ST STREET	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SUAREZ, RAUL J	
STREET ADDRESS	7917-7921 N.W. 21ST STREET	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SUAREZ, JORGE H.	
STREET ADDRESS	7917-7921 NW 21ST. STREET	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SUAREZ, JORGE L.	
STREET ADDRESS	7917-7921 NW 21ST. STREET	
CITY - ST - ZIP	MIAMI FL 33126	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCALLY, GERALD F JR.	
STREET ADDRESS	7917-7921 N.W. 21ST. STREET	
CITY - ST - ZIP	MIAMI FL 33126	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify 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 oath; 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALFREDO A SUAREZ 1/22/97

Date

Daytime Phone #

CR2E034 (9/96)