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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	JAL REPORT		Sandra B. Mortha Secretary of State DIVISION OF CORPORA		Secretary of State		
DOCUI	MENT # M62 Carriers corp	.977 (7	")		1 2001000H HAR OWN HARD COM 100H HAR	BOOM BOOM BOOM BOOM BOOM	Simil Mal
Principal Place of Business 13620 SW 187H ST HOLLYWOOD FL 33027-3486 US		Mailing Address 13620 SW 16TH 5 HOLLYWOOD FL US					
					3. Date Incorporated or Qualified 11/25/1987	3a. Date of Last R 05/01/1996	ieport
2. Principal P	face of Business	2a. Mailing Addr	988		4. FEI Number		oplied For
21		26			65-0020381	No	ot Applicable
Suite, Apt.	#, etc	Suite, Apt. #,	etc.		5. Certificate of Status Desired	7	Additional equired
City & Stab	u.	City & State	J		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip				untry	8. This corporation has liability for i		
24		Current Registered Agent	[30]	1	10. Name and Address of New Re		
VELI	ez, gabriel			81 Name			
13620 SW 18TH ST				82 Street Add	Iress (P.O. Box Number is Not Acceptab	ole)	
HOLLYWOOD FL 33027				83	····	······································	
J•				84 City		FL 85 Zip	Code
11. Pursuant office or r agent. La	to the provisions of Sections registered agent, or both, in l an fam∍iar with, and accept t	607.0502 and 607.1508, Floric he State of Florida. Such chan he obligations of, Section 607.	la Statutes, the ge was authoriz 0505, Florida St	above-named cor ed by the corpora atutes.	poration submits this statement for the pation's board of directors. I hereby acception	urpose of changing it of the appointment as	is registered registered
	Signature appeal or printed name of re-			ed Agent signatule requ		DATE	50 M 10
12.	UFFIC V	ERS AND DIRECTORS	13 LETE 11	TITLE	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME .	YUSMELYS, VELEZ J	-		NAME			
STREET ADDRESS	13620 SW 18TH ST		1.3	STREET ADDRESS			
City-ST-7iP	HOLLYWOOD FL			CITY-ST-ZIP			
TITLE	P	☐ DE		FITLE		Change	Addition C
NAME	VELEZ, GABRIEL	. **		NAME			,
STREET ADORESS CHY-ST-ZIP	13620 SW 18TH COUP HOLLYWOOD FL			STREET ADDRESS City-St-Zip			1
TITLE	TOTAL TOTAL	DE	LETE 3.1	TITLE		Change	Addition
NAME				NAME			1
STREET ADDRESS] 		33	STREET ADDRESS)
CHY-ST Z#		100		CITY-ST-ZIP		☐ Change	Addison
TITLE		☐ D£		TITLE		L Lrange	Addition
NAME Street adoress				NAME STREET ADDRESS			
CITY ST-ZIP			1	CITY-ST-ZIP			1
TITLE		☐ DE		TITLE		☐ Change	Addition
NAME			5.2	NAME			1
STREET ADDRESS		·	5.3	street address)
CITY-ST-7IP				CITY-ST-ZIP	······································	T Observe	Addistan
TITLE		☐ DE		TITLE		☐ Change	Addition
NAME STREET ADORESS				name Street address			
CHY-S1 ZIP				CITY-ST-ZIP			-
	4						

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 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 013(7

FILED

May 13 1997 8:00am