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PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M63324

111

FILED Mar 13 1997 8:00am Secretary of State

| | FERNANDEZ | Mailing Address C/O HERMINIA FERNANDEZ 2600 W 72ND PLACE HIALEAH FL 33016-5434 | · · · · · · · · · · · · · · · · · · · | | |
|---|---|--|---------------------------------------|---|--|
| | | | | 3. Date Incorporated or Qualified 12/07/1987 | 3a. Date of Last Report 10/25/1996 |
| 2. Principal P | lace of Business | 2a. Mailing Address | 11-11 | 4 EEI Number | Applied For |
| 21 | | 26 175 1 - W. | 40Street | 59-2362754 | Not Applicable |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | S8.75 Additional Fee Required |
| City & State | | City & State | r- / | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28749aleah | F/ | Trust Fund Contribution | Added to Fees |
| Zip 24 | Country 25 | 29 330 /2 | Country AP. | 8. This corporation has liability for in Florida Statutes | ntangible tax under s. 199.032, Yes No |
| 24] | 9, Name and Address of Curren | | page | 10. Name and Address of New Re | |
| FERNANDEZ, HERMINIA | | | 81 Name | | |
| | | | 82 Street Addre | oss (P.O. Box Number is Not Acceptab | ile) |
| | | | 83 | | , |
| - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 | ! | | | <u> </u> | |
| | : : | | 84 City | · · | FL 85 Zip Code |
| office or r | to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig- | of Florida. Such change was aut | horized by the corporati | oration submits this statement for the pon's board of directors. I hereby acception | purpose of changing its registered of the appointment as registered |
| 7 1 | Signature typed or printed name of registered agr | | egistered Agent signature require | | DATE SEDE AND DIDECTORS IN 10 |
| 12. TITLE | OFFICERS AN | D DIRECTORS DELETE | 13. | ADDITIONS/CHANGES TO OFFIC | Change Addition |
| NAME | FERNANDES, HERMINIA | _ neere | 1.2 NAMÉ | | |
| STREET ADDRESS | 2600 W 72ND PLACE | | 1.3 STREET ADDRESS | | |
| CITY+ST-ZIP | HIALEAH FL 33016 | | 1.4 CITY - ST - ZIP | | |
| TITLE | s Pimentel, graciela | ☐ DELETE | 2.1 Till (| • | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | 14729 NW 88 PLACE | | 2.2 NAME 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33016 | | 2. 4 City - \$1 - ZiP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | 3.4 CITY-ST-7IP | | Change Addition |
| TITLE NAME | | <u>ו</u> הנונונ | 4.1 TO LE 4. 2 NAME | | FT CHANGE FT MOGINE |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 4 | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADORESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP JITLE | | DELETE | 5.4 CITY- ST-ZIP 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | • | B* Lad 149/00/01 |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | : | |
| CITY-ST-ZIP | | | 6.4 CHY-ST-7IP | | |
| 14. I do heret | by certify that the information supplied | d with this filing does not qualify f | or the exemption stated | in Section 119.07(3)(i), Florida Statute | s. I further certify that the |

the minimal model 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 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 applications.