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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

1990

| DOCUI  | MENT # M688  | 52              | (6)  |                        |         |                    |   |               |            |                               |
|--|--|-----------------|--|------------------------|---------|--------------------|---|---------------|------------|-------------------------------|
|  | IRO ASSOCIATES INC.  |                 |  |                        |         |                    |   |               |            |                               |
|  |  |                 |  |                        |         |                    |   |               |            |                               |
| Principal Place of Business Mailing Address                |  |                 |  |                        |         |                    |   |               |            |                               |
| 10300 SUNSET DRIVE<br>SUITE 380<br>MIAMI FL 33173          |  |                 | C/O JOSE LODEIRO<br>12844 SW 48TH TERRACE<br>MIAMI FL 33175-4630 |                        |         |                    | <b></b>   |               |            |                               |
| บร   |  |                 | US   |                        |         |                    | 3. Date Incorporated or Qualified   |               | te of Last | •                             |
| 2. Principal Pla   | ace of Business  | 2a.             | Mailing Address  |                        |         |                    | 02/11/1988<br>4. FEI Number   | . l <u></u> _ | 04/19/1    |                               |
| 21   |  |                 | 26   |                        |         |                    | 65-0035325  |               |            | Applied For<br>No: Applicable |
| Suite, Apt. #, etc.  |  |                 | Suite, Apt. #, etc.  |                        |         |                    |   |               | \$8.7      | 75 Additional                 |
| 22   |  |                 | 27   |                        |         |                    | 5. Certificate of Status Desired  | []            |            | e Required                    |
| City & State   |  |                 | City & State   |                        |         |                    | Election Campaign Financing     Trust Fund Contribution                           | []            |            | 00 May Be<br>ded to Fees      |
| Zip<br><b>24</b>   | <u></u>  |                 | ı  |                        | Country |                    | 8. This corporation has liability for intangible tax under s 199                  |               |            |                               |
| 24 25 25 9. Name and Address of Current R                  |  |                 | 9 30   |                        |         |                    | Horida Statutes Yes [] No   |               |            |                               |
|  | g. Hame and Address of Currer  | it negis        | tered Agent  | 81                     | 1 -     | Name               | 10. Name and Address of New R   | egistered     | Agent      |                               |
| I UDEID  | n inge   |                 |  |                        |         |                    |   |               |            |                               |
| LODEIRO, JOSE<br>12844 S.W. 48TH TERRACE<br>MIAMI FL 33175 |  |                 |  | 82                     | 3       | Street Addre       | ress (P.O. Box Number is Not Acceptable)  |               |            |                               |
|  |  |                 |  | 83                     | -       |                    |   |               |            |                               |
| wa am I  | 2 33 17 3  |                 |  | <br>                   | ļ.,     |                    | · · · · · - <del>- · · · · · · · · · · · · ·</del>                                |               |            |                               |
|  |  |                 |  | 84                     |         | Oity               |   | FI            | 1 1        | Zip Code                      |
| 11. Pursuant te  | o the provisions of Sections 607.0502                                | and 60          | 7.1508, Florida Statute  | es, the above-         | nar     | ned corpora        | tion submits this statement for the purp  | ose of ch     | anging its | registered office             |
| familiar wit   | h, and accept the obligations of, Sect                               | ion 607.0       | i change was authorizi<br>0505, Florida Statutes                 | ed by the corp<br>-    | Ore     | ation's beard      | tion submits this statement for the purp<br>of directors. Thereby accept the appo | intrnent as   | registere  | ed agent. I am                |
| CIGNIATURE   |  |                 |  |                        |         |                    |   |               |            |                               |
| 12.  | Signature, typied or printed name of registered agent<br>OFFICERS AN | and little if a | applicable (No   | L Registered Age       | r! siç  | gniture repaired s |   | DATE          |            |                               |
| TITLE  | PD   | DUNEO           | DELFIE   | 13.                    |         |                    | ADDITIONS/CHANGES TO OFFI   |               | ·          |                               |
| NAME   | LODEIRO, JOSE  |                 |  |                        |         |                    | Change  |               | Addition   |                               |
| STREET ADDRESS   | 12844 S.W. 48TH TERRACE  |                 |  | 1.2 N4ME<br>1.3 STREET | ΔDI     | DRESS              |   |               |            |                               |
| CITY-ST-ZIP  | MIAMI FL   |                 |  | 1.4 CHY-S              |         | 1                  |   |               |            |                               |
| 10146  | VD   |                 | DELETE   | 2 1 THEF               | 71.7    |                    |   |               | Change     | Addition                      |
| NAME   | LODEIRO, MARIA, C  |                 |  | 2.2 NAME               |         |                    |   |               | Change     |                               |
| STREET ADDRESS   | 12844 SW 48TH TERR   |                 |  | 2 3 STREET             | ADO     | DRESS              |   |               |            |                               |
| DITY-SI-ZIP  | MIAMI FL   |                 |  | 24 CHY-S               | 1 7     | 'IP                |   |               |            |                               |
| TITLE  | S  |                 | DELETE   | 3 1 111LF              |         |                    |   | ī             | Change     | Addition Addition             |
| NAME   | LODEIRO, ELIZABETH M.  |                 |  | 3.2 NAME               |         |                    |   |               |            |                               |
| STREET ADDRESS   | LEGIT ON TOTAL LETTINGE  |                 | 33 STREEL A  |                        | I AD    | DRESS              |   |               |            |                               |
| CITY-ST-ZIP<br>TITLE                                       | MIAMI FL   | <del></del>     | Financia   | 3 4 CITY - S           | 1 - 2   | IP                 |   |               |            |                               |
| NAME   |  |                 |  | 4 1 TITLE              |         |                    | [   | Change        | Addition   |                               |
| STREET ADDRESS   | LODEIRO, NANCY E. 12844 SW 84TH TERR.                                |                 |  | 4 2 NAME               |         |                    |   |               |            |                               |
| CiTY-ST-ZiP  |  |                 | 4.3 STREE  |                        |         |                    |   |               |            |                               |
| TITLE  | MICAUL L   |                 | DELETE   | 5 1 THUE               |         | IP                 |   | <del>-</del>  | 7 (1       |                               |
| NAME   |  |                 |  | 5 2 NAME               |         |                    | Ŀ   | Change        | Addition   |                               |
| STREET ADDRESS   |  |                 |  | 5.3 STREET             | AΩΓ     | ORESS              |   |               |            |                               |
| CITY-ST-Z:P  |  |                 |  | 5 4 CITY - S           |         |                    |   |               |            |                               |
| TITLE  |  |                 | DELETE   | 6 1 TITLE              |         |                    |   | r             | Change     | Addition                      |
| NAME   |  |                 |  | 6.2 NAME               |         |                    |   | L             |            |                               |
| STREET ADDRESS   |  |                 |  | 63 STREET              | ADD     | DRESS              |   |               |            |                               |
| CITY-ST-ZIP  |  |                 |  | 64 CITY - ST           | Ţ- ZI   | р                  |   |               |            |                               |
| 14. I do hereby  | certify that the information supplied w                              | vith this f     | iling is voluntarily furni                                       | shed and does          | s no    | ot qualify for     | the exemption stated in Section 119.0   | 7(3)(k). Flo  | rida Statu | ites. I further               |

certify that the information indicated in this arrund 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 recquired by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.

SIGNATURE: \_\_

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 (3cx)279-9320