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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M86564

(5)

FILED May 12 1997 8:00am Secretary of State

Principal Place of Business C/O JOSE M PEREZ 9531 SW 148 AVE CIR EAST MIAMI FL 33198 Mailing Address C/O JOSE M PEREZ 9531 SW 148 AVE CIR EAST MIAMI FL 33198-1602										
							3. Date Incorporated or Qualified 06/15/1988		te of Last F 10/1996	leport
	Principal Place of Business			iling Address			4. FEI Number			oplied For
1 Cuito And			26	te, Apt. #, etc.	·		65-0069203			ot Applicable
Suite, Apt	#, etc.		27	ie, Apr. #, erc.			5. Certificate of Status Desired		-	Additional equired
City & Sta	ate			& State	***************************************		6. Election Campaign Financing	***************************************	····	May Be
3	***************************************		28				Trust Fund Contribution			to Fees
Ζφ		Country	Zip		Coun	try	8. This corporation has liability for			. 199.032,
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10			urrent negistere	a Agent		11 Name	10. Name and Address of New Hi	egistered A	rgent .	
	ES M PERI	AVE CIR EAST								
	AMI FL 331				}'	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
MITT	WIII 1 E 00 1	••			, la	13				
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					Į	4 City		Fi	85 Zip	Code
office or agent. I	t to the provi registered a am familiar v	sions of Sections 603 gent, or both, in the with, and accept the	7.0502 and 607.19 State of Florida. S obligations of, Sec	508, Florida Stat Such change wa ction 607.0505,	utes, the abo s authorized Florida Statu	ove-named cor by the corpora tes.	poration submits this statement for the ation's board of directors. I hereby acce	purpose of pt the appo	changing i	ts registered registered
GNATURE.		d or paided name of register	red agent and tille if app	licable. (N	OTE Flegislered		ured when reinstaling}	DATE		
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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

4/25/97

(205)3886084

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