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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

Corporatio     MYLI		# P1 PORATION I	1109 v.v.	) (6	3)		( 100/100) (B) 1000 (1000) (A)	<b>00114 10</b> 21 <b>012</b> 11 <b>0</b> 4411 11	(B))
Principa: Place of Business Mailing Address									
777 BRICK Miami Fl US	(ELL AVENUE 33131	#1200		777 BRICKELL / MIAMI FL 33131 US	VENUE #1200				
							<ol> <li>Date Incorporated or Qualified 08/14/1986</li> </ol>		ast Report 2 <b>5/1995</b>
2. Principal Pl	ace of Busine	ess	F	<b>2a.</b> Mailing Address			4. FEI Number		Applied For
Suite, Apt. #, etc				Suite, Apt. #, etc.					Not Applicable
2			12	27]			5. Certificate of Status Desired		3.75 Additional Fee Required
City & State	3			City & State			6. Election Campaign Financing	···	
3	··		2	8			Trust Fund Contribution		5.00 May Be Added to Fees
Zip 24		Country 25		Zip !9]	<b>30</b>	intry	8. This corporation has liability for Florida Statutes		
	9. Name	and Address of	Current Re	gistered Agent			10. Name and Address of New		t
-2			_			81 Name			
				z, Aida C.		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
		WE.		rickell A	ve.				
	FLÖGR FL 33134		# 120		_	83			
MINAMI	12 00100		miami	, FL.3313	1	84 City		FL 85	Zip Code
or register familiar wit	ad agent, or t h, and accep	ooth, in the State t the obligations i	of Florida. Si of, Section 6	uch change was auth	orized by the o	corporation's boa	ration submits this statement for the pard of directors. I hereby accept the ap	urpose of changing pointment as regist	i its registered office ered agent. I am
	Synatine typedio	printed name of regists	ered abent and lift						
	Synature typedio	printed name of registe	ered agent and lift RS AND DIF	e if applicable		Agent signature require	d when reinstating)	DATE	
12.	MD	OFFICE		e if applicable	(NOTE: Registered	Agent signature require		DATE FICERS AND DIREC	CTORS IN 12
F2. ITLE	MD Alleg	OFFICE RI, LUIGI	RS AND DIF	e it applicable RECTORS	[NOTE: Registered	Agent signature require	d when reinstating)	DATE	CTORS IN 12
ITLE ITLE IAME THEET AODRESS	MD Alleg Calle	OFFICE RI, LUIGI CHULAVISTA	RS AND DIF	e it applicable RECTORS	(NOTE: Registered 13. 1 1 Ti 1.2 NA	Agent signature require	d when reinstating)	DATE FICERS AND DIREC	CTORS IN 12
12. Title Name Street Address City-St-Zip	MD ALLEG CALLE CARAC	OFFICE RI, LUIGI	RS AND DIF	e i' appocable ECTOFIS DELETE	(NOTE: Registered 13. 1.11) 1.2 NA 1.3 ST 1.4 CI	Agent signature recurrence TLE ME REET ADDRESS Y-ST-ZIP	d when reinstating)	DATE FICERS AND DIREC	CTORS IN 12
F2.  THE  NAME  STREET ADDRESS  TY-ST-ZIP	MD ALLEG CALLE CARAC MD	OFFICE RI, LUIGI CHULAVISTA AS 1041 VENI	RS AND DIF	e it applicable RECTORS	NOTE Registered 13. 1 1 T! 1.2 NA 1.3 ST 1.4 CU 2.1 TI	Agent Signature recours TLE ME REET ADDRESS IY- ST- ZIP TLE	d when reinstating)	DATE FICERS AND DIREC	CTORS IN 12 nge
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

Date

Date

Disprint Priore II

Date

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