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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000002734 (1)

FILED May 08 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 3162 S.W. 132 PL 3162 S.W. 132 PL MIAMI FL 33175 MIAMI FL 33175-2524 US US					3. Date Incorporated or Qualified 3a. Date of Last Report			
					11/06/1992	05/2	20/1996	
2. Poncipal Pla	ace of Business	2a, Mailing Address			4. FEI Number		h	oplied For
1 Suite, Apt. ℓ		26			65-0377099	, ,		ot Applicable
50ile, Apt. #	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired			Additional equired
City & State)	City & State	····		6. Election Campaign Financing			May Be
3]		28			Trust Fund Contribution			to Fees
Zip Ti	Country	Zip	Country	1	6. This corporation has liability for	intangible	tax under s	. 199.032,
<u></u>	25 9. Name and Address of Cui	rrent Registered Agent	30		Florida Statutes 10. Name and Address of New R	Yes [
VALE	DEZ, EDUARDO I		81	Name				
	2 S.W. 132 PL.		82	Stroot Adde	ress (P.O. Box Number is Not Accepta	blo)		·
	VII FL 33175		02	Sheet Your	ress (F.O. Box Humber is Not Accepte	zDie)		
			83			••••		
			84	City			85 Zip	Code
				<u> </u>		FL		
agent Lar	ni familiar with, and accept the ol	tale of Florida. Such change was bligations of, Section 607.0505, I	s authorized by Florida Statute:	y the corporat s.	poration submits this statement for the tion's board of directors. I hereby acce	apt the appo	JII HI I I I I I I I I I I I I I I I I I	rogistorou
SIGNATURE .	Styre reliance to proted name of registers	d agent and title if applicative (Ni	DTE: Registered Age		rad when reinstaling)	DATE		
BIGNATURE .	Styre reliance to proted name of registers					DATE		RS IN 12
SIGNATURE . 12.	Signer of the 13 practed name of registers D VALDEZ, EDUARDO I	d agent and other flapplicative (No	DTE: Registered Age		rad when reinstaling)	DATE	DIRECTOR	RS IN 12
BIGNATURE	OFFICERS D VALDEZ, EDUARDO I 3162 S.W. 132 PL.	d agent and other flapplicative (No	DTE: Registered Age 13. 1.1 TITLE 1.2 NAME		rad when reinstaling)	DATE	DIRECTOR	RS IN 12
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4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on his 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 efficier or director of the comporation or the receiver or trust to empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if disrigeration on an attachment life in a address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/29/77

305-221-0217 Daytime Prone *