FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

S.P.J., INC.

Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # P9200008976 (2)

FILED May 01 1997 8:00am Secretary of State



Principal Place of Business 10490 NW 31 TR MIAMI FL 33172 US		Mailing Address 7837 NW 72 AVE MIAMI FL 33168-2215 US	7837 NW 72 AVE MIAMI FL 33166-2215					
					11/30/1992 05/31		e of Last Report 1/1996	
	Prace of Business	2a. Mailing Address	·		4. FEI Number		<u> </u>	pplied For
21	TRANSMINI	26			65-0372702			ot Applicabl
Suite, Apt	I#, €IC	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired
City & Sta	ite	City & State		····	6. Election Campaign Financing			May Be
3		28			Trust Fund Contribution			to Fees
Ζip	Country	Zip	Countr	7	B. This corporation has liability for i	ntangible t	ax under	s. 199.032,
24	25	29	30			Yes 🗀		
	9. Name and Address of Cur	rent Registered Agent	81	LNass	10. Name and Address of New Re	gistered A	gent	
	ADO ANTONIO 490 NW 31 TERRACE							
	AMI FL 33172		82		fress (P.O. Box Number is Not Acceptab	ile)		
			83					
			84	City			85 Zip	Code
					poration submits this statement for the p	FL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE.	Signar inelityped or printed name of registered	t agent and Hile if applicable (Ni AND DIRECTORS	OTE: Registered Ag	ent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTO	RS IN 12
TITLE	PVD	☐ DELETE	1.1 TITLE				Change	Additio
NAME	PRADO, ANTONIO J		1.2 NAME					
STREET ADDRESS		}	1,3 STREE	T ADDRESS				
C(TY - ST - ZIP	MIAMI FL 33160		1,4 CITY-	ST-ZIP			70	1 4 4 4 2 2 2
TITLE	TD ANTONIO C	☐ DELETE	2.1 TITLE	ļ		L	Change	Additio
NAME	PRADO, ANTONIO S 100 BAYVIEW DR APT 714	1	2.2 NAME					
STREET ADDRESS	MIAMI FL 33160			T ADDRESS				
CITY+S1+ZIP TitleF	SD SD	DELETE	2. 4 CITY - 3.1 TITLE	51-211		I	Change	☐ Additio
NAME	CASTILLO, FELIX		3.2 NAME	1				
STREET ADDRESS	30400 1881 44 OT		·	T ADDRESS				
City-St-ZP	MIAMI FL 33178		3 4. CITY-	ST-ZIP				
T ILF		DELETE	4 1 TITLE				Change	Addition Addition
NAME			4 2 NAME					
STREET AUDRESS	;			T ADDRESS				
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NAME			5.2 NAME					
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THE		C) before	6.2 NAME			'	- Sienige	hand Florestill
NAME ETHERT ADMINISTRA				T ADDRESS				
STREET ACCIDENCES	'							
CITY STOZIP	1		6 4 CITY -	31-217	alia Castian 110 07/0Vi). Florida Statuta	a 1 feedbar	andifu the	1 tho

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 of 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 chapter 607, an an attachment with an address.

SIGNATURE:

4/25/97 305-406-9411