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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9300001712 (7) COMPONIENT # P9300001712 (7)

Principal Place 419-A ESPANOI MIAMI BEACH	LA WAY	Mailing Address 419-A ESPANOLA WAY MIAMI BEACH FL 33139-8124			
				3. Date Incorporated or Qualified 01/04/1993	3a. Date of Last Report 03/07/1996
	Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			65-0380600	Not Applicable	
22 27 3une, Apr. #, etc.			6. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 28			Trust Fund Contribution	Added to Fees	
Zip	ip Country Zip		Country	8. This corporation has liability for	
24	25	29 30)		Yes No
	g, Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Re	igistered Agent
KOF	F, MELISSA	2.12 lah	or Marine		
1430 OCEAN DRIVE 419A Española Way #A 305- MIAMI BEACH FL 33139			82 Street	Address (P.O. Box Number is Not Acceptal	ole)
			83		
miss	WI DENOTITE 33139				
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the p	purpose of changing its registered
office or r agent, I a	egistered agent, or both, in the State ini familiar with, and accept the obliga	of Florida. Such change was auti ations of, Section 607.0505, Florid	horized by the cor la Statutes	poration's board of directors. I hereby acce	pt the appointment as registered
SIGNATURE	, , , , , ,				
	Signature, typied or printed name of registered age			e required when reinstaling)	DATE
12.	OFFICERS AN	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change Addition
NAME	ZAPATA, CARLOS	C DECENT	1.2 NAME	The state of the s	Cital Origings City Addition
STREET ADDRESS	1300 COLLING AVENUE, #200	419-A Española Way	1.3 STREET ADDRESS	,	ļ
CITY-ST-ZIP	MIAMI BEACH FL 33139	W. C.	1.4 CITY-ST-ZIP		
TITLE	P	DELETE	2.1 TITLE		Change Addition
NAME .	KOFF, MELISSA		2.2 NAME	• '	
STREET ADDRESS	1490 OCEAN DRIVE #A-805 4	19-A Españda Wazal	2.3 STREET ADDRESS	,	
CITY-ST-ZIP	MIAMI BEACH FL 83139		2. 4 CITY - ST - ZIP		J
THLE		DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	1	Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		T prietr	4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE	,	LI CHRINGE LI Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
THILE		C) Detter			First complete First tradition
NAME			6.2 NAME	J	

6.4 CITY - ST - ZIP 14. I do hereby certify that the into mation 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 dillate corporation or the receiver or tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Blo

FILED

May 16 1997 8:00am

Secretary of State