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

Mailing Address

3809 S W 82 AVE

MIAMI FL 33155-6708

SUITE 22

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

3. Date Incorporated or Qualified

01/25/1993

Secretary of State

3a. Date of Last Report

01/29/1996

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9300005795 (8)

## THE 63 CORPORATION

Principal Place of Business

**SIGNATURE:** 

3809 SW 82 AVE

MIAMI FL 33155

SUITE 22

2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		Apr	plied For
21		26			65-0389990		Not	t Applicable
Suite, Apt #, etc 22		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required			
City & Sta	ite	City & State			6. Election Campaign Financing		5.00	May Be
23 28					Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Coi	untry	8. This corporation has liability for	intengible tax	under s.	199.032,
24	25	29	30		Florida Statutes	Yes N	-	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agei	<u>1t                                    </u>	
į iro	Boyen Esther, B			81 Name				
3809 SW 82 AVE #22				82 Street Address (P.O. Box Number is Not Acceptable)				
MI/	AMI FL 33133							
				B3				
				84 City		8	5 Zip C	'ode
				City	•	FL  °	ין בייי	70Q <del>0</del>
11. Pursuan	t to the provisions of Sections 607.050	02 and 607.1508. Florida	Statutes, the a	bove-named corp	poration submits this statement for the	purpose of cha	nging its	s registered
<ul> <li>office or</li> </ul>	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change	was authorize	ed by the corporat	tion's board of directors. I hereby acc	apt the appoint	nent as	registered
-		parama or abotton 001.00	oo, i mida de	naios.				
SIGNATURE	Sugrance hypoth or purced name of registered ag	ort and the if applicable	(NOTE: Registeri	ed Agent signature requir	red when reinstating)	DATE	- <del></del>	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTOR	S IN 12
TITLE	0/100	DELE	TE 1.1 3	ITLE			Change	Addition
NAME	IRIGOYEN, RAMON		1,2 h	IAME				
STREET ADDRESS	DANG OUL OR ALST HOO			TREET ADDRESS				
City-St-ZIP	MIAMI FL 33133			CITY-ST-ZIP				
TOLE	D	☐ DELE					Change	Addition
NAME	IRIGOYEN, ESTHER	<b>_</b>		IAME			•	*****
STREET ADDRESS	AAAA AM AA AM AAA			STREET ADDRESS	× .			
	MIAMI FL 33133			CITY-ST-ZIP				
TITLE	INDUM 1 C GO 100	DELE					Change	Addition
NAME				NAME				
				STREET ADDRESS				
STREET ADDRESS				·				
CITY-ST ZP		DELE		CITY - ST - ZIP		<u> </u>	Change	Addition
TITLE		☐ DELE		TITLE			Auto iño	- Addition
NAME				NAME				
STREET ADDRESS	<sup>5</sup> [			STREET ADDRESS				
CITY-ST-Z-P		DELT		CITY-ST-ZIP			Change	Addition
TITLE		☐ DELE		ITLE		L	P. HOLING.	LLLI ROUIIION
NAME				NAME				
STREET ADDRESS	5		53	STREET ADDRESS				
CITY - ST - ZIP				CITY-ST-ZIP			- Di	7
TITLE		☐ DELE		TITLE		니	Change	Addition
NAME	1		6.21	NAME				
STREET ADDRESS	§	_	6.3	STREET ADDRESS				
CITY + ST - ZIP		)	6.4	CITY-ST-ZIP				
14. I do her	eby certify that the information suppli- tion indicated on this annual eport or officer or director of the corporation of s in Block 12 or Block 13 I channed, i	ed with this filing does no	of qualify for the	exemption state	d in Section 119.07(3)(i), Florida Statu	tes. I further ce	rify that	the
Lam an	officer or director of the comporation of	or the receiver or trustee	empowered to	execute this repo	ort as required by Chapter 607, Florida	Statutes; and t	hat my r	ame
appears	s in Block 12 or Block 13 Tchanged, (	or on an attachment with	an address.			7	105	<b>`</b>