## 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 # P9300008577 (7)

CORONA PROPERTIES, INC.

Principal Place of Business

Mailing Address

1830 N.W. 21ST TERRACE MIAMI FL 33142 1830 N.W. 21ST TERRACE MIAMI FL 33142-7440

## FILED Jan 29 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 02/02/1993		e of Last <b>8/1996</b>		
	lace of Business	2a, Mailing Address,				4. FEI Number		P	upplied For	
21 1824	+ NW 21 TEMPRE	26 1824 NW	21	Τ (	MACK	65-0394207		١	lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	X	7	Additional Required	
City & State	P.1	Crty & State	FL.			6. Election Campaign Financing			May Be	
23 MIAM	1	20 1 7 7 1				Trust Fund Contribution	Ц		to Fees	
Zip 24 -33,44	Country	Zip 33142	Cou		126	8. This corporation has liability for			s. 199.032,	
24 357	9. Name and Address of Current	29	30	20 A	100	Florida Statutes  10. Name and Address of New Re		No		
DAD		negistered Agent		81	Name	IV. Name and Address of New Ne	Gistelen x	.geni		
hardront, allen J										
250 BIRD ROAD CORAL GABLES FL 33146					82 Street Address (P.O. Box Number is Not Acceptable)					
CUR	CAL GABLES FL 33146			83					····	
i			Ì	03						
			ĺ	84	City		FL	<b>85</b> Zip	Code	
44 Durationt	to the provisions of Sections 607.0502	and CO7 4500. Florida Ctatut	aa tha al						the contract of	
office or r	registered agent, or both, in the State of	of Florida. Such change was a	authorized	d by	the corporation	on's board of directors. I hereby accep	pt the appo	changing pintment a	ns registered s registered	
agent. i a SIGNATURE	im familiar with, and accept the obligat	ions of, Section 607.0505, Fic	orida Stat	ules						
	Signature, typed or printed hance of registered agent	· · · · · · · · · · · · · · · · · · ·		d Ager	nt signature require	ed when reinstating)	DATE			
12.	OFFICERS AND		13.		<del></del>	ADDITIONS/CHANGES TO OFFIC				
TITLE	, · <del>-</del>	☐ DELETE	1.1 10					Change	[_] Addition	
NAME	MENDEZ, MANNY 1700 NW NO FRIVER DR #1000	5	1.2 NA							
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	,			ADDRESS					
CITY-ST-ZIP	MIAMI FL	DELETC		IY-SI	T- ZIP				Name of the last o	
TITLE	STD AND STORES		21 117		-			Change	■ Addition	
NAME	MENDEZ, GINA 1700 NW NO RIVER DR #1006		2 2 NA							
STREET ADDRESS	MIAMI FL		- 1		address					
CITY-ST-ZIP	MIAMI FL	DELETE	2.4 C		T - ZIP			Change	Addition	
TITLE		☐ OFFEIE	3.1 117					Change	☐ Addilion	
NAME			3.2 NA							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4. C	ITY-S	T-ZIP			Change	Addition	
		☐ DETER						Undrige	Manifoll	
NAME			4. 2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE		IY-SI	I - ZiP			Change	Addition	
		C) otreit	5.1 TIT					change	LI AQUIIDII	
NAME	ĺ.		5.2 NA							
STREET ADDRESS	<b>,</b> ,				ADDRESS					
CITY-ST-ZIP	<del> </del>	DELETE	5 4 CI		- ZIP			Change	Addition	
TITLE		☐ DETECT	6111		Ì			unange	☐ Addition	
NAME			6 2 NA							
STREET ADDRESS					ADDRESS					
CHTY-ST-7HP	ĺ		640	17 - ST	T- 7/P					

14. I do hereby certify that the information supplied with this filling does not positify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual point 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 or to be considered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if in 1975, or in a state on twith an address.

CICHATUDE

1 1/20/97 (305)5457044