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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 29 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000009001 (7)**

Principal Piace			Mailing Address	<del> </del>	<del></del>				
925 HALEAH DRIVE 925 HALEAH DRIVE HALEAH FL 33010 HALEAH FL 33010-5550									
						3. Date Incorporated or Qualified 02/04/1993		ite of Last I	Report
2. Pnncipal Pla	ice of Business		2a. Mailing Address	······································		4. FEI Number			pplied For
1)		2	6		,	65-0389491			lot Applicable
= Suite, Apt #. ⊒	t, etc.	}	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional lequired
City & State			7 City & State		<u></u>	6. Election Campaign Financing			May Be
]		2	8			Trust Fund Contribution			to Fees
Zip	Country		Zip	Coun	try	8. This corporation has liability for			s. 199.032,
]	25		9	30		Florida Statutes	Yes		
	9. Name and Address	s of Current Re	gistered Agent		<u> </u>	10. Name and Address of New	Registered a	Agent	
	NEWICHT, LUIS			\'	1 Name				
	SW 90TH LANE I FL 33178			[8	2 Street Add	ress (P.O. Box Number is Not Accep	table)		
MIPUMI	1 FL 33170			-	13				
				1	4 City		FL	<b>85</b> Zip	Code
1. Pursuant to	the provisions of Section	ns 607 0502 and	d 607 1508 Florida State	ites, the abo	va-named cor	rooration submits this statement for the		chanoino	its registere
IGNATURE 5	Signature: Typica or printed name o		Trie if applicable (NC			poration submits this statement for thation's board of directors. I hereby accurate when reinstating)  ADDITIONS/CHANGES TO OF	DATE		
ignaturi <u>s</u> 2.	Squature Typics or printed name of OFF	if registered agent and FICERS AND DI	Trie if applicable (NC	TE Registered 13.	Agent signature requ	uired when reinstating)	DATE		RS IN 12
IGNATURE 5  2.  ILE  WE	signature: typica or printed name o	of tog wered agent and FICERS AND DIF	irle il applicable (NC RECTORS	DTE Registered 13. 1.1 TITL 1.2 NAA	Agent signature requ E	uired when reinstating)	DATE	DIRECTO	RS IN 12
GNATURE  B.  II  ME  MET ADDRESS	D GOLDGEWICHT, LUK	of tog wered agent and FICERS AND DIF	irle il applicable (NC RECTORS	13. 1.1 TiTL 1.2 NAA	Agent signature requires	uired when reinstating)	DATE	DIRECTO	RS IN 12
GNATURE  5  IF  ME  MET ADDRESS  (Y-SI-2)F	OFF D GOLDGEWICHT, LUIS 11269 SW 90TH LAN MIAMI FL 33176 D	of tog wered agent and FICERS AND DIF	irle il applicable (NC RECTORS	13. 1.1 TiTL 1.2 NAA	Agent signature requires	uired when reinstating)	DATE	DIRECTO	RS IN 12
GNATURI S E. III ME HETTADORESS IY-S1-2/F III ME	OFF D GOLDGEWICHT, LUIS 11269 SW 90TH LAN MIAMI FL 33176 D SAFIANO, SUSY	of togstared agent and FICERS AND DIF S	Lifte if applicable (NC RECTORS	13. 1.1 TiTL 1.2 NAA 1.3 STR 1.4 CITA	Agent signature requires	uired when reinstating)	DATE	DIRECTO Change	RS IN 12
GNATURE 5  L  IF ME  BREE ADDRESS  (Y-SE-ZIF  LE  ME  BREE ADDRESS	OFFI D GOLDGEWICHT, LUIS 11289 SW 90TH LAN MIAMI FL 33176 D SAFIANO, SUSY 11289 SW 90TH LAN	of togstared agent and FICERS AND DIF S	Lifte if applicable (NC RECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM	Agent signature requires	uired when reinstating)	DATE	DIRECTO Change	RS IN 12
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IGNATURE S  2.  ILLE MARE MARE ADDRESS TY-SU-ZIE  WE MARE ADDRESS TY-SU-ZIE  MARE MARE ADDRESS TY-SU-ZIE  MARE MARE MARE MARE MARE MARE MARE MARE	OFFI D GOLDGEWICHT, LUIS 11289 SW 90TH LAN MIAMI FL 33176 D SAFIANO, SUSY 11289 SW 90TH LAN	of togstared agent and FICERS AND DIF S	LIPIE II applicatele (NC RECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	Agent signature requires  E  E  E  E  E  E  E  E  E  E  E  E  E	uired when reinstating)	DATE	DIRECTO Change	RS IN 12 Addition
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IGNATURE 5  2. THE STATE OF THE	OFFI D GOLDGEWICHT, LUIS 11289 SW 90TH LAN MIAMI FL 33176 D SAFIANO, SUSY 11289 SW 90TH LAN	of togstared agent and FICERS AND DIF S	LIPIE II Applicative (NECTORS  DELETE  DELETE  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY	Agent signature required to the state of the	uired when reinstating)	DATE	DIRECTO Change Change Change	RS IN 12 Addition Addition Addition Addition
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IGNATURI 5  2. THE SAME SHEEL ADDRESS THY ST-7/F THE ST-	OFFI D GOLDGEWICHT, LUIS 11289 SW 90TH LAN MIAMI FL 33176 D SAFIANO, SUSY 11289 SW 90TH LAN	of togstared agent and FICERS AND DIF S	LIME II Applicative (NC RECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 6.4 CITY	Agent signature requires  E E E E E E E E E E E E E E E E E E	uired when reinstating)	DATE	DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
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