## 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 # P93000015949 (9)

BUSINESS CONTROL INDEX OF MIAMI, INC.

## **FILED** Jan 16 1997 8:00am Secretary of State



Principal Place of Business 7351 S.W. 39TH TERRACE MIAMI FL 33155		Mailing Address 7351 S.W. 39TH TERRACE MIAMI FL 33155-6649		E (68)108(-316 1017E 1111) BEITL DEUT GRAN BOND HEUR GEHIN MANN BOND HEUR			
				3 Date Incorporated or Qualified 02/24/1993		e of Last R 1/1996	leport
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number	— <del>hama</del> ————	A	pplied For
21		26		65-0413157		No	ot Applicable
Suite, Apt. #, etc	C	Suite, Apt. #, etc.	•	5. Certificate of Status Desired		•	Additional
2	,,,,,,,	27				Fee Re	equired
City & State		City & State		6. Election Campaign Financing			May Be
23	Country	28 Zip	Country	Trust Fund Contribution			to Fees
Zip 24	Country	29	Country	<ol> <li>This corporation has liability for Florida Statutes</li> </ol>		ax under s ] No	i. 199.032,
	25 Name and Address of Curren		30	10. Name and Address of New F		<del>-</del>	Aggs, quarter
	UEZ, PEDRO	· · · · · · · · · · · · · · · · · · ·	8N Name	10,		<b>3</b>	
	N. 39TH TERRACE		<u> </u>				
MIAMI FI			82 Street	Address (P.O. Box Number is Not Accept	able)		
***************************************	L 00100		83			<del></del>	
						···-	
			84 City		FI	<b>85</b> Zip	Code
11. Pursuant to the	n visions of stations 60, 050	2 and 607 1508 Florida Stati	ites, the above-named	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of	changing i	ts registered
SIGNATURE S	Apped or pur bor ame of the free also	ni and title if applicable (NC	DTE: Registered Agent signature	required when reinstating)	DATE	8-97	7
12.	OX ICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		DIRECTOR Change	
TITLE P	DRIGUEZ, PEDRO R	[] DELETE	1.1 TITLE	Denna Donna de	ا ح. م	Change	Additio
AF	O COLLINS AVE., #14		1.2 NAME	PEORO RRODRIBUE (7351 SW 39 TERM MANU FL. 33	= つ		
8.31	AMI BEACH FL		1.3 STREET ADDRESS	701/30 39/8/			
CITY-ST-7if V		☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	manu pc 23	, /3 /	Change	Additio
	DDRIGUEZ, GLADYS	D Mill	2.2 NAME		,	Onlings	
	36 S.W. 34TH ST.		2.3 STREET ADDRESS	·			
OTTICE F FIDOM CO.	AMI FL 33155		2. 4 CITY-ST-ZIP				
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	odriguez, pedro r		3.2 NAME				•
	51 S.W. 39TH TERRACE		3.3 STREET ADDRESS				
prince and	AMI FL 33155		3.4. CITY-ST-ZIP				
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STREET ADDRESS			4.3 STREET ADDRESS				
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TITLE		DELETE	6 1 TITLE			Change	Additi
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREET ADDRESS				
CITY-S1-719		$\mathcal{N}$	6.4 CITY - ST - ZIP				
	ertity that the information supplied	d with this filling does not gua		stated in Section 119.07(3)(i), Florida Statu	ites. I further	certify that	t the

upplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that he cleave on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name only attay hinerit with an address. Lam an officer or director of the co-appears in Block 12 or Block 13 if