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\* PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham - >

Secretary of State DIVISION OF CORPORATIONS

1997

P93000019437

FILED
May 08 1997 8:00am
Secretary of State

1. Gorpora	ition Name	•	30000 AL OF MIAN	•					
9738	Table of Busines 8 S.W. mi, Fl	138th 33186	AVE	g Address	Same				
	•						3. Date Incorporated or Qualified	3a. Date of Last	Report
							March 15-93		·
2. Principa	d Place of Bus	ness	2a. Ma	iling Address			March 15-93 4. FEI Number		Applied For
21			[26]	ite. Apt. #. etc.			65-0394454		Not Applicable
	pt# €ti:		27	ile, Api. #, etc.			5. Certificate of Status Desired	X	Additional Required
22 Crty & S	dale:			y & State			6. Election Campaign Financing	·	O May Be
23			28	,					d to Fees
Zip		Country	Zıç	)	Country	,	8. This corporation has liability for int	angible tax under	s. 199.032,
24		25	29		30			Yes No	
	9. Name	and Address	of Current Registere	d Agent	81	T No.	10. Name and Address of New Regi	stered Agent	
3/3	D.T. 1	037373	n		(°'	Name			ļ
		SALAZA			82	Street Add	dress (P.O. Box Number is Not Acceptable	)	
		. 138th			63	<u> </u>			
MI	ami, F	1 331	80		[55	i			
					84	City		FL 85 Z	p Code
11. Pursua	int to the provi	sions of Sections	s 607 0502 and 607.1	508. Florida Statute	es, the above	e-named con	poration submits this statement for the pur		its registered
office c	or registered a	gent, or both, in	the State of Florida State obligations of Se	Such change was a	uthorized by	the corpora	poration submits this statement for the pur ation's board of directors. I hereby accept	he appointment	as registered
		ии, впо ассерг	sile obligations of, se	.c.(10-7 007 .0300), 1 1c	inou otororo	<b></b>			1
SIGNATUR	it Signature type:	d or princed name of n	gistered agent and time if ap-	olicatio (NOTE	Registered Age	ent signature requ	uired when reinstating)	DATE	
12,		OFFIC	CERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICE		
THEF	Pre	sident		☐ DELETE	11 TITLE			Change	
Ven.		ia A. S	alazar		1.2 NAME				
STREET ADDRESS	1 273		138th Ave		1.3 STREET				ļ
CHY-ST-7P		mi, Fl		DELETE	1.4 CITY - S	ST-ZIP		Chang	e Addition
DIF		e-Presi			21 TITLE				3 Modition
NAME			er Ismail 138th Ave		22 NAME				
STREET ADDRES			IDOUL WAS		2 2 CTDCCT	ADDDCCC			
COY SE in It'et	MIG	mi Di			2 3 STREET	1			
MAME	1	mi, Fl	33186	DELETE	2.3 STREET 2.4 CITY- 3.1 TITLE	1		Chang	e Addition
		mi, Fl			2. 4 CITY-	1			: Addition
STEEL LAGUE	18.	mi, Fl			2. 4 CITY- 31 TITLE 32 NAME	1			: Addition
	45	mi, Fl		DELETE	2. 4 CITY- 31 TITLE 32 NAME	ST-ZIP  T ADDRESS			e
STEED 1 ACLIBRE	45	mi, Fl			2. 4 CITY- 3 1 TITLE 3 2 NAME 3 3 STREET	ST-ZIP  T ADDRESS			
STED CALLOR	55	mi, Fl		DELETE	2.4 CITY- 31 TITLE 32 NAME 33 STREET 34 CITY-	ST-ZIP  T ADDRESS		Changi	
STEDENALORES CTr S1 2P EDIE		mi, Fl		DELETE	2.4 CITY- 31 TITLE 32 NAME 33 STREET 34 CITY- 41 TITLE	ST-ZIP  T ADDRESS ST-ZIP		Changi	
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STED TAGGER CTr ST 2P BUTE NAME STREET ADDRES CTr ST-ZIP TOLE		mi, Fl		DELETE	2.4 CITY- 31 TITLE 32 NAME 33 STREET 34 CITY- 41 TITLE 42 NAME 43 STREET 44 CITY-S 5.1 TITLE	ST-ZIP  T ADDRESS ST-ZIP		Changi	e Addition
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STEEL ALORE CTY ST ZP HTTE NAME STREET ADDO- CTY ST ZP TOLA NAME STREET ADDRESS	.,	mi, Fl		☐ DELETE	2. 4 CITY- 31 TITLE 32 NAME 33 STREET 34. CITY- 41 TITLE 4 2 NAME 4.3 STREET 5.1 TITLE 52 NAME 5.3 STREET	ST-ZIP  T ADDRESS ST-ZIP  I ADDRESS ST-ZIP  ADDRESS ST-ZIP	My 3	☐ Changi	e J Addition
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in or managements and or this annual report in suppliemental annual report is due and accurate and that my signature shall have the same legal effect as it made under oil. I am an officer or derector of the corporal on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Erock 12 or Block 13 if chapted, or organ attachment with an address.