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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # POSOCOOS (1)

FILED Apr 28 1997 8:00am Secretary of State

| 1. Corporation Name CUCA SUPER SPORT, INC. Principal Place of Business 1588 N.W. 29 STREET MIAMI FL 33142 MIAMI FL 33142-6624 | | | | | | | | | | |
|--|--|------------------------------------|--------------------------------|---------------------------------|--|--|--|-------------------|---------------------------------------|---|
| | | | | | | | 3. Date Incorporated or Qualified 04/14/1993 | | ate of Last F | Report |
| 2. Principa | 2. Principal Place of Business | | | Address | | | 4. FEI Number | | | oplied For |
| 21 | | | 26 | | | | 65-0410508 | | | ot Applicable |
| Suite, Apt. #, etc | | | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Regulred | |
| 22 City & Si | ale | | City & | State | | <u> </u> | 6. Election Campaign Financing | | | May Be |
| 23 | | | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip | L, | Country | Zφ | | Country | y | 8. This corporation has liability for | | | i. 199.032, |
| 24 | 25 | Address of Co | 29 Irrent Registered A | | 30 | | Florida Statutes 10. Name and Address of New F | Yes [| | |
| | | | irreiir negistereo Ai | Seur | 81 | Name | 10. Name and Address of New ? | registered. | Agent | |
| | arcia, maria m 188 n.w. 29 stf | | | | | | | · | | |
| | IAMI FL 33142 | Kit I | | | 82 | Street Add | dress (P.O. Box Number is Not Accept | able) | | |
| *** | Pull I C OUT I C | | | | 63 | 1 | | | | |
| | | | | | 84 | City | | , | 85 Zip | Code |
| | | | | | | , | | FL | _ ' ' | |
| office (| r registered agent. | or both in the 5 | State of Florida, Such | , Fiorida Statt Lichanna was | authorized b | ve-named corpora | ation's hoard of directors. I hereby acc | ent the and | cointment as | : registered |
| SIGNATUR | : | rated name of registers | ud agent and title if applicab | | TE: Registered Ag | | rporation submits this statement for the ation's board of directors. I hereby account when renstating) | DATE | | |
| SIGNATUR | Stip alone, typed or pr | rated name of registers | | le. (NO | TE: Registered Ag | | | DATE | D DIRECTO | RS IN 12 |
| SIGNATUR 12. III.E | Sup-atore, typed or pr | of the OFFICERS | ud agent and title if applicab | | TE: Registered Ag 13. 1.1 TITLE | ent signature requi | ulted when re-nstating) | DATE | | |
| SIGNATUR 12. TITLE NAME | Signature, typed or pr D GARCIA, MA | odud name of registeri OFFICERS | ud agent and title if applicab | le. (NO | 13. 1.1 TITLE 1.2 NAME | ent signature requi | ulted when re-nstating) | DATE | D DIRECTO | RS IN 12 |
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The copy defining mature mornisation supplied with this iming does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Finither certify that the information indicated on this annual report or supplemental annual report 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4-18-97 305-638-4956