## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000028277 (0)

F.I.M. CAPITAL RESOURCES, INC.

Principal Place of Business Mailing Address

FILED
May 12 1997 8:00am
Secretary of State



10300 SUNSET DRI SUITE 411 MIAMI FL 33143	VE	10300 SUNSET DRIVE SUITE 411 MIAMI FL 33173-3003		3. Date Incorporated or Qualified 04/16/1993	3a, Date of Last Report 10/02/1996
2. Principal Place	of Busmoss	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0424435	Not Applicable
Suite, Apt #, et 22	C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	***************************************	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	B. This corporation has liability for	
24	25	29	30		Yes No
······································	Name and Address of Cu	rrent Registered Agent	84 None	10. Name and Address of New Re	gistered Agent
	IZO, JESUS		81 Name DE	445 WEVAS, MARI	D.
	W. 72 ST.		82 Street Add	iress (P.O. Box Number is Not Acceptab	ole)
SUITE 3			10308	> SW 72 ST SU	
MIAMI F	L 33143		83		
•			B4 City	Ani	FL 85 Zip Code 33/23
11. Pursuant to the office or regist	e provisions of Sections 607 fered agent, or both, in the S	.0502 and 607.1508, Florida State	uter the shows named cor	poration submits this statement for the patient's board of directors. I hereby acceptation's	urnoce of changing its registered
agent I am far	miliar with and accept the c	bligations of, Section 607.0505, f	Florida Statutes.		11-1-4
SIGNATURE	aren	<del></del>			/27/7/
5-gris		is agent and title if applicable. (NO AND DIRECTORS	OTE. Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	DEDE AND DIDECTORS IN 12
1016 D		DELETE		PS	Change Addition
	ONZALEZ-TABLADA, ILE/	<b>▼</b>		E LAS CUEYAS, MARLO	- Charles
	310 PIONEER RD.	***			44 44.
Li	UNTSVILLE AL 35803			PARD SW 72 St SU! MIAM.FL ABIJA	t. 411
Ottvi-Sti-Zur Pl	OITIOTICLE AL GOODS	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE	71974, FL \$5175	Change Addition
NAME		Beauty and the territory to	2.2 NAME		Last of the state
			23 STREET ADORESS		
STHEET ADDRESS					
CHY-ST-72		DELETE	2 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		band MARKETT	32 NAME		—
STREET ADDRESS			3.3 STREET ADDRESS		
CITY ST-ZIP			3.4. City-St-Zip		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		- v
STREET ADDRESS			4.3 STREET ADDRESS		
City St - ZiF			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		· · · · · · · · · · · · · · · · · · ·
STREET ADORESS			5.3 STREET ADDRESS		
0:17 - S' - 7IP			5.4 CITY - ST - ZIP		
Tifut		DELETE	6.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME		<del></del>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.3 STREET ADUMESS		
City-St-7iP	ertify that the information sur	polied with this filing does not qua		ed in Section 119.07(3)(i), Florida Statute	es. I further certify that the

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR SIRECTOR

4/29/97 305-596/60\$