## 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 # P93000029601 (0)

Principal Prace of Business Mailing Address 9450 SUNSET DR. 9450 SUNSET DR. SUITE 100 D SUITE 100 D MIAMI FL 33173 MIAMI FL 33173-3241								
					3. Date Incorporated or Qualified 04/22/1993		of Last Re 9/1996	eport
2. Principal F	lace of Business	28. Mailing Address	1		4. FEI Number 65-0390352	1 00/1	Ap	oplied For
Suite Apt	#. etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	Additional
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	May Be
[ <b>23</b> ]	Country Zip		Country		Trust Fund Contribution LJ Added to Fees  8. This corporation has liability for intendigible tax under s. 199.032,			
24	25 9, Name and Address of Cur	29	30		Florida Statutes Yes No  10, Name and Address of New Registered Agent			
CUI	ETO, TERRY	ient negistered Agont	81	Name	(U, Maille dife Accress of free fi	giotoi ou A	TO.II.	
13960 N.W. 60TH AVE.			82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
i MIA	IMI LAKES FL 33014		83		Little			
			84	City			<b>85</b> Zip (	Code
44 Characterist	to this area areas of Captions 607.6	SECO and COT 1509 Florida Statu	too the shoul	l -	poration automite this statement for the	FL	1 1	
SIGNATURE	Styriation typics or printed manie of registered	agent and tird if applicable (NO	TE: Registered Age		poration submits this statement for the ation's board of directors. I hereby accenired when reinstating)	DATE		
12.	OFFICERS A	AND DIRECTORS  DELETE	13.	<u>-</u> -	ADDITIONS/CHANGES TO OFFI		OIRECTOR Change	RS IN 12 Addition
NAME	CUETO, TERRY		1.2 NAME					
SIREFT ADDRESS	13960 N.W. 60TH AVE.		1.3 STREET	ADDRESS				
CHY-\$1-7IP	MIAMI LAKES FL 33014	DELETE	1.4 CITY - S	I-ZIP		r	Change	Addition
Trief Name	CUETO, NESTOR M	L. DECENT	2.1 TITLE 2.2 NAME				_) Originad	L.J Addition
STREET ADDRESS	9450 SUNSET DR. SUITE 1	00-D	2.3 STREET	ADDRESS		. **		
CHY-St 20F	MIAMI FL 33173		2. 4 CITY -	ST-ZIP				
1711		☐ DELETE	3.1 TITLE			i.	Change	Add:tion
NAME Process Appress			32 NAME 33 STREET	ADDDECC				
STREET ADDRESS			3.4 CITY-	1				}
TILLE		☐ DELETE	4.1 TITLE	0. Eli		[	Change	Addition
NAME			4. 2 NAME	-				
STREET ALTORESS			4.3 STREET	ADDRESS				
CITY-S1-20			4.4 CITY - S	ST-ZIP				
11111	DELETE		5.1 TITLE			L	Change	Addition
NAME CANCEL ANGULA C			5 2 NAME	L PODOCOS				
STREET ADDRESS			5 3 STREET					
CHIV-ST-ZIP THUE		DELETE	5.4 CITY - S B.1 TITLE	11-212		г	Change	Addition
NAME			6.2 NAME					
1	I							

6.3 STREET ADDRESS 64 CITY-ST-ZIP 14. 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 off-cer or director of the population or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block

STREET ADDRESS

**FILED** 

Apr 14 1997 8:00am

Secretary of State