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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P93000030959 (9)

appears in Block 12 or Block 13 it cha

SIGNATURE:

SEVENTEEN AND THIRTY TWO OF MIAMI CORP.

Principal Place of Business Mailing Address											
3200 N.W. 17TH MIAMI FL 3312	H AVENUE	3200 N.W. 17TH AVENUE MIAMI FL 33125-1822									
							3. Date Incorporated or Qualified 04/28/1993		ate of Last F 20/1996	Report	
2. Principal P	ane of Business	2a. Mailing Address				***	4. FEI Number	1,	A	pplied For	
21		26					65-0408982			ot Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		<b>V</b>	Additional lequired		
22 City & State	£	City & State	City & State			6. Election Campaign Financing			May Be		
23		28			Trust Fund Contribution			≀ may be to Fees			
Zψ	Country	Zip				•••	8. This corporation has liability for				
24	25	29	30						<b>Z</b> ÍNo	,	
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New Re	gistered	Agent		
GOV	/ANTES, LUIS G			81	Nam	ю					
	N.W. 7TH STREET			82 Street Addre			ess (P.O. Box Number is Not Acceptate	ie)			
SUIT				83	ļ	•					
Miaj	MI FL			03	i						
				84	City			FL	<b>85</b> Zip	Code	
11. Pursuant office or r agent. Fa SIGNATURE	m familiar with, and accept the obliga	ations of Section 607.0505	, Florida St	atutes	S.		oration submits this statement for the pion's board of directors. I hereby acception		of changing is pointment as	its registered registered	
12.	Separate Manageranica sick of registered age OFFICERS ANI		NOTE: Register	<u> </u>	int signa	ture requir	ed when reinstailing)  ADDITIONS/CHANGES TO OFFIC	DATE FDG AN	D DIRECTO	DS IN 12	
THE	D	DELETE		1.1 TITLE			ADDITIONS/CHANGES TO OFFIC	ELO VIA	Change	Addition	
NAME	SANTANA, VIRGILIO J				1.2 NAME						
STREET ADDRESS	6951 S.W. 22ND STREET		13	STREET	ADDRES	is l					
CDY-SEZE	MIAMI FL 33155		1.4	CITY-S	ST-ZIP	ĺ					
TITLE		☐ DELETE	2.1	TITLE					Change	Addition	
NAME			2.2	name							
STRICE" ADDRESS			2.3	STREET	ADDRES	is					
C-TY - ST - ZiP		T priete		CITY-S	ST-ZIP				T Observed	T Large	
TIFLE		☐ DELETE	l l	TITLE					Change	Addition	
NAME DEDUCE ADDRESS				NAME OTOGOT	ADDRES		•				
STREET ADDRESS  CITY:ST-ZIP			- 1	CITY-5	-	»					
DILE		DELETE		TITLE	31-21				Change	Addition	
NAME		****		NAME							
STREET ADDRESS					ADDRES	ıs	•				
CHY-S1-ZiF				CITY-S		Ì					
TITLE		DELETE		TITLE		<del></del>			Change	Addition	
NAME			5.2	NAME							
STREET ADDRESS			5.3	STREET	ADDRES	is					
0:17 - ST - ZIP			54	CITY-S	ST-ZIP					···	
7ITL:	]	DELETE	6.1	TITLE					Change	Addition	
NAME			62	NAME		ĺ					
STREET ADDRESS			6.3	STREET	ADDRES	is					

14. If 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 of 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 corporar on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR