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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 11 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000036650 (8)

PORTOFINO SUPPLIES & SERVICES, INC.

Principal Place of Business Mailing Address 11431 S.W. 7TH TERRACE 11431 S.W. 7TH TERRACE #404 MIAMI FL 33174-1081 MIAMI FL 33174 Sa. Date of Last Report 3. Date Incorporated or Qualified 05/20/1993 01/24/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0411751 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζφ Country Country Zιο 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 30 Florida Statutes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Bi Name NICARAGUA, MARTHA 11431 S.W. 7TH TERRACE **B2** Street Address (P.O. Box Number is Not Acceptable) #404 83 **MIAMI FL 33174** 84 Zip Code City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and too if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE 1011 NICARAGUA, MARTHA 1.2 NAME MAINE 11431 S.W. 7TH TERRACE #404 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33174** CHY-ST-ZP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE DILE 22 NAME NAME 23 STREET ADDRESS STREET ADDRESS Off Y - \$1 - 76 2 4 CITY-ST-ZIP DELETE ☐ Change Addition 3 1 TITLE 1:111 NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-SI-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 111: 6 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS City - St - ZIP 4.4 CITY-ST-ZIP Addition DELETE Channe 51 TITLE HILE **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C41Y - \$1 - 7IP DELETE 6.1 TITLE Change Addition THEF 6.2 NAME NSMi 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 14. How 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 inclicated on this annual report or supplied entail annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the requirer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Étachment with an address.

asagria MARTHA NICARAGUA 3/56/87 -236-76+6