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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

1 No.



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	IILDING C	CORP.	30000	3808	36 (3)							
Principal Place of Business \$215 8W 6 8T MIAMI FL 33125 US				Mailing Address 3215 SW 8 ST MIAMI FL 33135-2605 US				1 100()50( (10 10)70 11)7( 00)() 50()1 00			#III 1841	
.*									<ol> <li>Date Incorporated or Qualified 05/24/1993</li> </ol>		ate of Last Ro 01/1996	eport
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 65-0418546		Ap	plied For
Sulte, Apt. #, etc.				Suite, Apl. #, etc.					00'04 10'040		\$8.75 A	t Applicable
32				27					<ol><li>Certificate of Status Desired</li></ol>		Fee Re	
City & State				City & State					Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	
Zip 24	Country 25			Zip 29		Country 30			8. This corporation has liability for	intangible Yes	tax under s.	
			of Current Re	gistered A	gent		,		10. Name and Address of New R	egistered .	Agent	
CORREA, IVAN R							Name					
8475 SW 58TH ST. MIAMI FL 33143							Street	Addres	ss (P.O. Box Number is Not Accepta	ble)		
1						В3						
		84			City			FL	B5 Zip C	Code		
11. Pursuant to	to the provisi	ions of Section ont, or both, in	is 607.0502 and the State of f	d 607.1508 Iorida, Such	Florida Statut Lohango was N 607 0505 El	es, the above authorized by	o-named the cor	l corpor poration	ration submits this statement for the n's board of directors. I horeby acco	purpose of pt the app	changing its ointment as	s registered registered
SIGNATURE			registered agent an						when reinstating)	DATE		
12.			ICERS AND D			13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 12
TITLE	DPS	****			DELETE	1111111					Change	Addition
NAME	CORREA, IVAN R				1.2 NAME							
STREET ADDRESS	8495 SW 58 ST MIAMI FL						ADDRESS					
CITY-ST-ZIP TITLE	DVT				DELETE	1.4 CITY - S 2.1 TITLE	T - ZIP	<b> </b>			Change	Addition
NAME		Z, HECTOR				2.2 NAME					onargo	
STREET ADDRESS		58TH ST.				2.3 STHELT	ADDRESS		610 SW 928	<i></i>		ĺ
CITY-ST-ZIP	MIAMI FL					2. 4 CITY - S	ST - 7IP	m	610 SW 9281	76		
TITLE					DELETE	3.1 TITLE					Change	Addition
NAME						3.2 NAME		1				
STREET ADDRESS						3.3 STREET	ADDRESS	}				
CITY-ST-ZIP		····			DOLLAR	3.4. CJTY - S	ST-ZIP	<del>                                     </del>			T 0han an	1 4 4 4 10 1 1
TITLE					☐ DELETE	4.1 TULE					L_] Change	☐ Addition
NAME STREET ADDRESS						4. 2 t ME 4.3 S .EET	ADDRESS					
CITY-ST-ZIP							1-21P	}				ł
TITLE					DELETE	5.1 T. E					Change	Addition
NAME						5.2 N ME						
STREET ADDRESS						5.3 STREET	ADDRESS					ļ
CMY-ST-ZIP						5.4 CHY-S	1-7IP					
TITLE					DELETE	6.1 TITLE					Change	Addition
NAME .						6.2 NAME						
STREET ADDRESS						6 3 STREET						ļ
CITY-ST-ZIP						64 CITY-S	1-ZIP	<u> </u>	0			

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, or on an appears in address.

**FILED** 

Apr 21 1997 8:00am

Secretary of State