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

PROFIT CORPORATION ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000040192 (5)

City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country B, This corporation has liability for in 190 memory 9, Name and Address of Current Registered Agent TRIAY, CARLOS A 999 PONCE DE LEON BLVD. STE. 1110 CORAL GABLES FL 33134 B3 Roth City 11. Pursuant to the provisions of Socious 607.0562 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the public or registered agent, or both. In the State of Florida, Such change was authorized by the corporation submits this statement for the public or registered agent, or both. In the State of Florida, Such change was authorized by the corporation board of directors. I hereby accept agent ag		
2. Principal Piace of Business 28. Mailing Address 65-0466908 Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. 5. Certificate of Status Desired City & State 5. Certificate of Status Desired Country 7. Country 7. Country 8. This corporation has liability for Interface and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name 8. State Address (P.O. Box Number is Not Acceptable Status Status State Address (P.O. Box Number is Not Acceptable Status State Address (P.O. Box Number is Not Acceptable Status State Address (P.O. Box Number is Not Acceptable Status State Address (P.O. Box Number is Not Acceptable State Agent 1. Name 1. N	3a. Date of Le 08/07/19	
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14. I do hereby certify that the information supplied with this filling 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 attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

91 446-4889

FILED

Apr 09 1997 8:00am

Secretary of State

Daytime Prone # 0180824