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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 30 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997

DOCUMENT # P93000041655 (0)

FOLAC, INC

SIGNATURE:

POLAO,	1110.								
Principal Place	of Rusiness	Mailing Address				I JOSHOOI HURUUA FALLOJIII BAIT			
22220 SW 148		11120 SW 148 CT							
#205	or.	MIAMI F 33196-3309							
MIAMI FL 3319	6-3309	US					<del></del>		<del></del> -
US			····			3. Date Incorporated or Qualified 06/14/1993		e of Last Re <b>9/1996</b>	aport
,	ace of Business	28. Mailing Address	<b>n</b>			4. FEI Number			plied For
	5 SW 119TH ST.	26 13785 SW //	197H S	٠٧,		65-0418661		<del></del>	t Applicable
Suite, Apt. :		Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State	/	City & State				6." Election Campaign Financing	_	\$5.00	
23 MIANI		28 M/A/11 /-L				Trust Fund Contribution		Added t	
Zip	Country	Zip >2 (D/	Country	′		8. This corporation has liability for in	ntangible t Yes		199.032,
24 33/	25     Name and Address of Currer	29 33/8/6 30	<u>)</u>			Florida Statutes   10. Name and Address of New Reg			
001		it neglatered Agent	81	Name		10. Haine Bite Addition Of Hell Hel	JISTOI WO	Activ	···················
	iz, Fernando Fontainesle BLVD.								
#32			82	Street	Addres	s (P.O. Box Number is Not Acceptab	le)		
	MI FL 33172		83			<u>, , , , , , , , , , , , , , , , , , , </u>			
			84	City			FL	<b>85</b> Zip (	Code
11. Pursuant t	o the provisions of Sections 607,050	02 and 607 1508, Florida Statutes.	the abov	e-named	corpoi	ation submits this statement for the p	urpose of	changing it	s registered
office or re agent. Lar	egistered agent, or both, in the State militar with, and accept the oblig	e of Florida. Such change was aut lations of, Section 607.0505, Florid	riorized b la Statute	y the con s.	poratio	n's board of directors. I hereby accep	it the appo	intment as	registered
SIGNATURE									
	Signature, typied or printed hame of regionered age			ent signature	e required	when reinstating)	DATE		
12.		D DIRECTORS	13.		TA-	ADDITIONS/CHANGES TO OFFIC			
TITLE	P ANGLERO AVILINA	DELETE	1.1 TITLE			manded Manyka		☐ Change	Addition
NAME.	TANEMURA, AKIHIKO		1.2 NAME		1/3/	SE SE LATEST			
STREET ADDRESS	11120 SW 148 CT			T ADDRESS	13%	MI, FL, 33186			
C(1Y+ST-2IP	MIAMI FL	DELETE	1.4 CITY - 1	ST - ZIP	MIA	MI, M. 33186		Change	Addition
TITLE		Las Detere	21 TITLE		1			change	L) MODITION
NAME			2 2 NAME						
STREET ADDRESS				ADDRESS					
City-S1-7IP Title			2 4 CITY- 3 1 TITLE	ST-ZIP	┼─			Change	Addition
NAME		C. Detere	32 NAME						1.400000
}				r annbecc	1				Í
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4 CITY- 4.1 TITLE	51-ZIP	<del></del>		<del></del>	Change	Addition
NAME			4. 2 NAME				,		
STREET ADDRESS				T ADDRESS					
C/TY - ST - ZIP TITLE		DELETE	4.4 CITY -: 5.1 TITLE	31 - TIL	<del> </del>			Change	Addition
NAME			5.2 NAME				,		
STREET ADDRESS				ADDRESS					
CITY- ST-ZIP			5.4 CITY -:						
TITLE		☐ DELETE	6.1 TITLE	21-411	<del> </del>		•	Change	Addition
NAME		—	6.2 NAME				,		
STREET ADDRESS				T ADDRESS					ļ
artici ADURESS			0.3 31066	י אטאטריא					

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 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.

SIGNING OFFICER OR DIRECTOR