FILE NOW: FILING I PROFIT CORPORATION ANNUAL REPORT 1997		ING FEE AFTEI	FEE AFTER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B, Mortham Secretary of State DIVISION OF CORPORATIONS		FILED Mar 26 1997 8:00an Secretary of State				
	AL INSUIG	93000044 Ry and dry clea	• • •						
Principal Place of Business 11 20TH STREET AIAMI BEACH FL 33139		211_2	Mailing Address 211 20TH STREET MIAMI BEACH FL 33139-1805						
		·····				3. Date Incorporated or Qualified 06/21/1993		1/1996	
Principal F	Place of Business	28. M 26 N	ailing Address 02 ALTON ALTON	Rd Suite	407	4. FEI Number 65-0428952		Applied Not App	
Suite, Apt	#, etc.	S 27	uite, Apt. #, etc.			5. Certificate of Status Desired	. 🛃	\$8.75 Addition Fee Required	
City & Stat	10	C	ity & State			6. Election Campaign Financing	 r1	\$5.00 May	Be
Ζιρ	Coun	try Z	ip	Country	••••	Trust Fund Contribution 8. This corporation has liability for	intangible ta	Added to Fee ax under s. 199.0	
l	25 o Name and Add	29 ress of Current Register	red Agent	30			Yes 🗌	No	
	NDIA, JAVIER			81	Name	1			
	20TH STREET MI BEACH FL 33139	1		82	Street Addr	ess (P.O. Box Number is Not Acceptat	)(0)		
MIN		,		83				····· ··· ··· ··· ···	
				84	City		FL	85 Zip Code	
office or i	registered agent, or bo ani familiar with, and ac Separate specie priced ra	Ih, in the State of Florida. Scept the obligations of, S of registered agent and title if a OFFICERS AND DIRECT	Such change was section 607.0505, F	authorized by t	he corporati	oration submits this statement for the p ion's board of directors. I hereby accep ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	intment as regist	lered
i le Me	D Mendia, Javier		DELETE	1.1 THTLE			Ľ	Change	Addition
REFT ADDRESS	211 20TH STREET	r		1.2 NAME 1.3 STREET AL		02 ALTON Rd Suite .	107		Addition
1Y-\$1-ZIP	MIAMI BEACH FL	33139		1.4 CITY-ST-		MI BEACH TL 33139		Channe III	R ef effet e en
he Me			L DELETE	2.1 TITLE 2.2 NAME			L	} Change [] :	Addition
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IV-ST-ZIP LE	[ 		DELETE	2. 4 CiTY-ST 3.1 TITLE	· 21P	**		Change	Addition
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REET ADDRESS				3.3 STREET AL 3.4. CITY - ST-					
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Y - S1 - ZIF				4.4 CITY-ST-					
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¥ - ST - ZIP				5.4 CITY-ST-	71P				
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Y - ST - ZIP LE ME			DELETE			an all a tha ann an a tha tha ann an	ן	Change .	Addition
IY - ST - ZIP LE ME REET ADDRESS IY - ST - ZIP	has partify that the infer	mation supplied with this		6.1 TITLE 6.2 NAME 6.3 STREET AI 6.4 CITY-ST-	DORESS	(In Section 110 07/2)(i) Elasida Cistura			Addition
F-ST-ZIP E AE EELADORESS F-ST-ZIP I do here informatio L am an c	on indicated on this an officer or director of the	nual report or supplement	filing does not qua tal annual report is er or frustee empo	6.1 TITLE 6.2 NAME 6.3 STREET AI 6.4 CITY-ST- lify for the exem true and accura wered to execut	DORESS ZIP ption stated	l in Section 119.07(3)(i), Florida Statute my signature shall have the same lega t as required by Chapter 607, Florida S	s. I further o	certify that the	<u> </u>