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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000044966 (8)

CHRISTINE SANTANA PA.

Principal Place of Business Mailing Address 198 NW 37TH AVE 198 NW 37TH AVE MIAM! FL 33125 MIAMI FL 33125-4826 3a. Date of Last Report 3. Date Incorporated or Qualified 06/24/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0419874 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5,00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes VNo 30 29 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** SANTANA, CHRISTINE 198 NW 37TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33125 83 84 City 85 Zip Code 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 + am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typical or percent hards of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12, 13. DPS Addition DELETE Change THE 11 TITLE SANTANA, CHRISTINE E 1.2 NAME NAM 198 NW 37TH AVE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP D 11 - ST - 20 DELETE Change Addition THE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CHY-ST-Z-P DELETE Addition 3.1 TITLE Change TITLE MAM 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP City - St - ZIP DELETE Change Addition 4.1 DILE THE NAME 4. 2 NAME 43 STREET ADDRESS STREET AUDRESS 4.4 CITY - ST - ZIP CHY-ST 201 DELETE ☐ Change Addition Tritt 5.1 TITLE 5.2 NAME MAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

14.1 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

61 TITLE

6.3 STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP

STREET ADORESS CHTY: ST: 7IP

mut

NAME

CHILDREN C. SANGARO

DELETE

Samon 04/25/97

(205) 644-0490

Change

Addition

FILED

May 09 1997 8:00am

Secretary of State

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