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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000049089 (4)

PAHRISI	H INVESTMENT COMPAN	Υ				1	
Principal Place of Business Mailing Address 2100 PONCE DE LEON BLVD. P.O. BOX 7 STE. 601 COCONUT GROVE FL 33233 CORAL GABLES FL 33134					THE REPORT OF THE STATE		
US	0 12 40.0				3. Date Incorporated or Qualified	3a. Date of L	' ,
		T 82 11 20 A 1.1			07/13/1993	04/30/19	
	lace of Business	2a. Mailing Address			4. FEI Number	ļ	Applied For
21 Cuita Ant	4 05	26			65-0426760	***	Not Applicable
Suite, Apt.	#, etc	27			5. Certificate of Status Desired		75 Additional se Required
City & Stati	e	City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be
7 <sub>(p</sub>	Country	Zip	Country	***************************************	8. This corporation has flability for	intangible lax un	
24	25 9. Name and Address of Cur	29	30		Florida Statutes  10. Name and Address of New Re	Yes X No	<del></del>
		teur uedisteien waenr	B1 N	lame	IV. Indite and Address of New Ac	Gieralen Wögitt	
	NO, MIGUEL O PONCE DE LEON BLVD				ess (P.O. Box Number is Not Acceptab	ole)	
	te 601 Ral gables fl 33134		83				
COP	TAL GADLES PL 33134			ity		85	Zip Code
			1" 1 "				· · · · · · · · · · · · · · · · · · ·
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Sta	tutes, the above-na	emed corpo	oration submits this statement for the pon's board of directors. I hereby accept	ourpose of chang	ing its registered
agent. La	im familiar with, and accept the ob	ligations of Section 607.0505,	Florida Statutes.	о оогрогия	or a board of directors. I more by doce,		603
SIGNATURE	M. CANG	)			~ · · · · · · · · · · · · · · · · · · ·	5 April	1987
12.	Big-stun. Typed or profest 430 c of registered						
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**SIGNATURE:** 

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 atapa ment with an address.

**FILED** 

May 02 1997 8:00am

Secretary of State

0620614