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



POCUMENT # P93000053112 (7)

FILED Apr 21 1997 8:00am Secretary of State



COF ANNU	PROFIT RPORATION JAL REPORT 1997	Sandr Sect	PARTMENT OF STATE B. Mortham retary of State DF CORPORATIONS	<u> </u>	1997 8:00a tary of State
Principal Place	e of Business	Mailing Address 31300 SAUNDERS CR. TAVARES FL 32778-50		3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		07/26/1993 4. FEI Number	04/23/1996 Applied For
21		26		59-3198897	Not Applicab
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	Ð	City & State	····	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for	Added to Fees printangible tax under s. 199.032.
24	9. Name and Address of Curr	29	30		Yes K No
RUIZ	, LUIS J		81 Name		
TAV	ARES FL 32778		Li		
		502 and 607 1508, Florida St	83 84 City atutes, the above-named co	rporation submits this statement for the	FL 85 Zip Code purpose of changing its register
11. Pursuant office or reagent. I as	to the provisions of Sections 607.0 egistered agent, or both, in the Sta in familiar with, and accept the obl Signature, typed or printed name of registered i	agent and life if applicable (84 City atutes, the above-named co as authorized by the corpora , Fiorida Statutes.		PL e purpose of changing its registered the appointment as registered
11. Pursuant office or reagent. Las	lo the provisions of Sections 607.00 sgistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered and OFFICERS A		84 City atutes, the above-named co as authorized by the corpore, Fiorida Statutes.	·	PL e purpose of changing its registere cept the appointment as registerec
11. Pursuant office or reagent. Last SIGNATURE. 12. TITLE NAME	to the provisions of Sections 607.01 sgistered agent, or both, in the Sta m familiar with, and accept the obl Signature, typed or printed name of registered a OFFICERS A D RUIZ, LUIS J	agont and little if applicable (84 City atutes, the above-named co as authorized by the corpora , Fiorida Statutes. NOTE Registered Agent signature req 13. 1.1 TILE 1.2 NAME	uired whon reinstating)	purpose of changing its registered the appointment as registered DATE
11. Pursuant office or reagent. I as SIGNATURE	lo the provisions of Sections 607.00 sgistered agent, or both, in the Stam familiar with, and accept the obling signature, typed or printed name of registered and OFFICERS A	agont and little if applicable (84 City atutes, the above-named co as authorized by the corpora, Fiorida Statutes. NOTE Flegistered Agent signature req 13. 1.1 TILE	uired whon reinstating)	purpose of changing its registered the appointment as registered DATE
11. Pursuant of office or reagent. Las SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	to the provisions of Sections 607.01 egistered agent, or both, in the Stam familiar with, and accept the obl Signature, typed or printed hance of registered a OFFICERS A D RUIZ, LUIS J 31300 SAUNDERS CR. TAVARES FL 32778 D ROBLEDO, PIEDAD 31300 SAUNDERS CR.	agont and little if applicable (84 City atutes, the above-named co as authorized by the corpora, Fiorida Statutes. NOTE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	uired whon reinstating)	PL
11. Pursuant office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	To the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the oblining of the Stam familiar with, and accept the oblining of the Stamper of Princers A OFFICERS A RUIZ, LUIS J 31300 SAUNDERS CR. TAVARES FL 32778 D RÖBLEDO, PIEDAD	agont and life if applicable (NDD DIRECTORS DELETE	84 City atutes, the above-named co as authorized by the corpora, Fiorida Statutes. NOTE Flegistered Agent signature req. 13. 1.1 TITLE 1.2 NAME 1.3 STREFT ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	uired whon reinstating)	DATE FICERS AND DIRECTORS IN 12 Change Addit
11. Pursuant of office or reagent. Las SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	to the provisions of Sections 607.01 egistered agent, or both, in the Stam familiar with, and accept the obl Signature, typed or printed hance of registered a OFFICERS A D RUIZ, LUIS J 31300 SAUNDERS CR. TAVARES FL 32778 D ROBLEDO, PIEDAD 31300 SAUNDERS CR.	agont and life if applicable (ND DIRECTORS DELETE	84 City atutes, the above-named co as authorized by the corpora, Fiorida Statutes. NOTE Registered Agent signature req 13. 1.1 IIILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	uired whon reinstating)	purpose of changing its registered the appointment as registered DATE DATE Change Additional Change Additional Additional Change Additional A
11. Pursuant office or reagent. Las SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	to the provisions of Sections 607.01 egistered agent, or both, in the Stam familiar with, and accept the obl Signature, typed or printed hance of registered a OFFICERS A D RUIZ, LUIS J 31300 SAUNDERS CR. TAVARES FL 32778 D ROBLEDO, PIEDAD 31300 SAUNDERS CR.	agont and life if applicable (ND DIRECTORS DELETE	84 City atutes, the above-named co as authorized by the corpora, Fiorida Statutes. NOTE Registered Agent signature req 13. 1.1 Tifle 1.2 NAME 1.3 STREFT ADDRESS 1.4 City-ST-ZIP 2.1 Tifle 2.2 NAME 2.3 STREFT ADDRESS 2.4 City-ST-ZIP 3.1 Tifle 3.2 NAME 3.3 STREET ADDRESS 3.4 City-ST-ZIP 4.1 Tifle	uired whon reinstating)	purpose of changing its registered the appointment as registered DATE DATE Change Additional Change Additional Additional Change Additional A
11. Pursuant office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of Sections 607.01 egistered agent, or both, in the Stam familiar with, and accept the obl Signature, typed or printed hance of registered a OFFICERS A D RUIZ, LUIS J 31300 SAUNDERS CR. TAVARES FL 32778 D ROBLEDO, PIEDAD 31300 SAUNDERS CR.	agont and life if applicable ND DIRECTORS DELETE DELETE	84 City atutes, the above-named co as authorized by the corpora, Fiorida Statutes. NOTE Final F	uired whon reinstating)	PL
11. Pursuant office or reagent. I as SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	to the provisions of Sections 607.01 egistered agent, or both, in the Stam familiar with, and accept the obl Signature, typed or printed hance of registered a OFFICERS A D RUIZ, LUIS J 31300 SAUNDERS CR. TAVARES FL 32778 D ROBLEDO, PIEDAD 31300 SAUNDERS CR.	DELETE DELETE	84 City atutes, the above-named co as authorized by the corpora, Fiorida Statutes. NOTE Registered Agent signature req 13. 1.1 Tifle 1.2 NAME 1.3 STREFT ADDRESS 1.4 City-ST-ZIP 2.1 Tifle 2.2 NAME 2.3 STREFT ADDRESS 2.4 City-ST-ZIP 3.1 Tifle 3.2 NAME 3.3 STREET ADDRESS 3.4 City-ST-ZIP 4.1 Tifle	uired whon reinstating)	PL
11. Pursuant of office or reagent. I as signature 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	to the provisions of Sections 607.01 egistered agent, or both, in the Stam familiar with, and accept the obl Signature, typed or printed hance of registered a OFFICERS A D RUIZ, LUIS J 31300 SAUNDERS CR. TAVARES FL 32778 D ROBLEDO, PIEDAD 31300 SAUNDERS CR.	agont and life if applicable ND DIRECTORS DELETE DELETE	84 City atutes, the above-named co as authorized by the corpora, Fiorida Statutes. NOTE Figistered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	uired whon reinstating)	PL

Mular