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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000055772 (6**)

FILED Jan 23 1997 8:00am Secretary of State

Principal Place 1897 W FLAGL MIAMI FL 3313 US	ER ST	Mailing Address 1897 W FLAGLER ST MIAMI FL 33135-1939 US						
•-					3. Date Incorporated or Qualified 08/09/1993	3a. Da 02/	te of Last F 02/1996	Report
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 65-0428249		<u> </u>	polied For
Suite, Apt.	#, etc.	[26] Suite, Apt. #, etc.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5. Certificate of Status Desired			ot Applicable Additional
22		27			5. Certificate of Status Desired			equired
City & State	6	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Country	/	8. This corporation has liability for	injangible	tax under s	
24	25	29	30			Yes [_	
1444	 Name and Address of Current RTINEZ, CLARA E 	ent Hegistered Agent	81	Name	10. Name and Address of New R	egistered /	Agent	·
682	9 SW 22ND ST MI FL 33155		82 83		fress (P.O. Box Number is Not Accepta	ble)		
			84	City		FL	85 Zip	Code
office or r	to the provisions of Sections 607.09 registered agent, or both, in the Sta im familiar with, and accept the obli	ite of Florida. Such change was a	es, the abov	v the cornora	poration submits this statement for the	purpose or	ointment as	registered
agent La SIGNATURE	Signative, typical or printed name of registrated a				uired when reinstating)	DATE		, Plant
SIGNATURE	Signature by ediociprinted name of registrated a OFFICERS A	agent and the it applicable (NOT ND DIRECTORS	E: Registered Age			DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signal en Typed or printed name of registress a OFFICERS A	agent and title if applicable (NOT	E: Registered Age		ulted when reinstating)	DATE		
SIGNATURE	9grat on typed or printed name of registrates A D MARTINEZ, CLARA E 6829 SW 22ND ST	agent and the it applicable (NOT ND DIRECTORS	E: Registered Age 13. 11 TITLE 1.2 NAME		ulted when reinstating)	DATE	DIRECTO	RS IN 12
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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 and cated 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-15-94

305-6429100

Daytime Phone #