

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

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P93000055910 (2)**

1. Corporation Name
BALITA NATIN, INC.

Principal Place of Business

Mailing Address

**16409 ASHWOOD DRIVE
TAMPA FL 33624-1152**

**16409 ASHWOOD DRIVE
TAMPA FL 33624-1152**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/06/1993		3a. Date of Last Report 01/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3199631		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUELO, ROBERTO R 16409 ASHWOOD DRIVE TAMPA FL 33624				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELIX, ANDRES A	12 NAME	
STREET ADDRESS	3029 OAK COVE DRIVE	13 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34619	14 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLAAN, ARTHUR S	22 NAME	
STREET ADDRESS	3506 COUNTRY CREEK LANE	23 STREET ADDRESS	
CITY - ST - ZIP	VALRICO FL 33594	24 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLAYTA, PONCIANO JR	32 NAME	
STREET ADDRESS	21 PINEWOOD AVE	33 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34625	34 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUINO, REYNATO S	42 NAME	
STREET ADDRESS	2141 WATER OAK DR N	43 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34624	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUTISTA, LUCITA F	52 NAME	
STREET ADDRESS	9720 94TH ST N	53 STREET ADDRESS	
CITY - ST - ZIP	SEMINOLE FL 34647	54 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLAGOMEZA, LIWLIWA	62 NAME	
STREET ADDRESS	1119 DOCKSIDE DR	63 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL 33549	64 CITY - ST - ZIP	

14. 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 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 attachment with an address.

SIGNATURE:

Roberto R. Ruelo

Roberto R. RUELO 2/10/97

(813) 274 8801

CR2E034 (9/96)