FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

ANNUA	ORATION AL REPORT 996	DIF	Sandra B. Morth Secretary of Statistion OF CORPO	ate	NS					
DOCUM	ENT # P930	0005784	9 (0)							
FARB, 1										
Principal Place o	of Business	Mailing Addre	ess				# 63 1# 66 10#	#1186 10001 10M1 #10M 10M		
1101 BRICKELL AVE. SUITE 1700 MIAMI FL 33131		1101 BRICKELL AVE. Suite 1700 Miami Fl 33131								
		MIRMI FL 33131			 Date Incorporated or Qualified 08/18/1993 		te of Last Report 06/16/1995			
Principal Place of Business The Principal Place of Business		2a, Mailing Ai	2a. Mailing Address			4. FEI Number 65-0430600	Applied Fo			
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Addition. Fee Required		
City & State	J.M. J.M. J. M. J.		City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip	Country 25	Ζ(p)	30	Country		8. This corporation has liability for Florida Statutes	intangible No	tax under s 199.032,		
2-7	9. Name and Address of Cu					10. Name and Address of New F	legisterec	i Agent		
				81	Name					
DEMOS, ANGELO P ESQ.					82 Street Address (P.O. Box Number is Not Acceptable)					
1101 BRICKELL AVE. SUITE 1700				83						
MAMI FL 33131								85 Zip Code		
				84	City		FI			
 or registere 	o the provisions of Sections 607. Id agent, or both, in the State of In, and accept the obligations of,	Florida. Such change v	vas authorized by tri	sbove r ne corp	ianied corpc oration's boa	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of di pointment a	hanging its registered as registered agent. La		
SIGNATURE _	Synature: Typical or printed that is of requirement	ragio di sarat ta santappali salah	் இவர் கழக	ere l'Aqui	d Skip af at etérate	red wher रहावर्वति । द	DATE	· · · · · · · · · · · · · · · · · · ·		
12.	OF FIGE RS	S AND DIFFECTORS		3.		ADDITIONS CHANGES TO OF	ICERS AN			
TITLE	P\$	DELETE		1 1 THILE				☐ Change ☐ Add		
NAME	FERIS, FAUZI			2 NAME						
STREET ADDRESS	13950 71ST LANE				ADDRESS	ice President	المداء			
CITY - ST - ZIP	WIAMI FL VST		DELETE 2	4 CHY+5	DI-ZP V	ASSISTANT Secretar	<u>~∪\U</u> ~4	Change Add		
NAME	DE OLMOS, VIVIAN F	LJ	2	2 NAME		duardo Paez	~	_ , _		
STREET ADDRESS	1101 BRICKELL AVE., S	UITE 1700	,	3 51986	ADDRESS //	35istaut Secretai duardo faez 3950 SW 71 Las	re			
91MEEL BUDMESS	THE DIRECTED MALE		l ·			7 27 77				

ACKATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



4-16-96

Dujta o Phose #

> Applied For Not Applicable \$8.75 Additional

or registeres	the provisions of Sections 607.0502 and 607.1508, Florida Statutes, t d agent, or both, in the State of Florida. Such change was authorized b , and accept the obligations of, Section 607.0505, Florida Statutes.	he above named or by the corporation's	orporation submits this statement for the purpose of changing its registered office board of directors. Thereby accept the appointment as registered agent. Lam
SIGNATURE _	grant are hydred for proofs dress in our frequences sign of an at the stange, while	k instere i Agent signature i	rearred who regulators DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PS DELETE	1 1 T+TLF	☐ Change ☐ Addition
NAME	FERIS, FAUZI	1.2 NAME	
STREET ADDRESS	13950 71ST LANE	13 STREET ADDRESS	vice President and
CITY-ST-ZIP	MIAMI FL	1.4 CITY - ST-ZIP	Vice President and
TITLE	VST DELETE	2 1 TITLE	Assistant Secretary Change Plads tion Foldardo Paez 13950 S.W 71 Lane
NAME	DE OLMOS, VIVIAN F	2.2 NAME	Eduardo Paez
STREET ADDRESS	1101 BRICKELL AVE., SUITE 1700	2.3 STREET ADDRESS	13950 SW 71 Lane
CITY-ST ZIP	MIAMI FL 33131	2 4 City - ST - ZiP	Miami, FL 33183
TITLE	DELETE	3 1 HITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY - ST - ZIP	
TITLE	☐ DELÉTE	4 1 TITLE	Crange Addition
NAME		4.2 NAME	
STREET ADDRESS		43 STREET ADDRESS	!
CITY-ST-ZIP		44 CITY - S1 Z.P	
TOTALE	DELETE	5 1 THILE	Change Addition
NAME		5.2 NAME	ļ
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIF		5.4 CITY - ST - ZIP	
TITLE	☐ DFLETE	€ 1 TeTLE	Change Addition
NAME		62 NAME	
STREET ADDRESS		6.3 STREET AUDRESS	;
CITY-ST-ZIP		6.4 CHY-ST-ZIP	O Lord D Ozoula Florido Contra Libration
certify that		report is true and a nipowered to execu	ualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I further accurate and that my signature shall have the same legal effect as if made under ute this report as required by Chapter 607, Florida Statutes; and that my name