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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000062113 (4)

FILED Jan 23 1997 8:00am Secretary of State

Principal Place		Mailing Address							
2011 JOHNSON STREET HOLLYWOOD FL 33020 US			2011 JOHNSON STREET HOLLYWOOD FL 33020-3508 US						
						3. Date Incorporated or Qualified 08/30/1993		ate of Last Re 01/1996	∋port
2. Principal Pa 21	lace of Business	2a. Mailing Addr	ess			4. FEI Number 65-0438496			plied For t Applicable
Suite, Apt	#, etc	Suite, Apt. #,	etc			5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip 24	Country 25	Zip 29	├─┐			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curre	nt Registered Agent			· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Ro	gistered	Agent	
	NANDEZ, ARMAND			81	Name				
2011 JOHNSON STREET HOLLYWOOD FL 33020				82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
				83					
				84	City		F-1	85 Zip (Code
44 Date and	to the same of Contago (O7 OC)	00 and 607 1509 Flore	do Statutas, the	nhou	o named cor	poration submits this statement for the	FL		e registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such char	ioe was authori	zed b	v the corpora	tion's board of directors. I hereby acce	pt the app	pointment as	registered
SIGNATURE.	in terrinal with and accept the early	gations of, ocolica our	COODS. 1 TORIGIA C	, and to					
SIGNATURE.	Signature, typed or pendomen e of registered as	jest and tille tappotable	(NOTE Regist	ered Ag	ent signature requi	red when reinstating)	DATE		
12.		ND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFI	CERS ANI		IS IN 12 Addition
THEF	D Hernandez, Armand	<u> </u>		1 TITLE				Change	L.J ADUITORI
NAME	2011 JOHNSON STREET			2 NAME					
STREET ADDRESS	HOLLYWOOD FL 33020				T ADORESS				
CHY-ST-ZIP TITLE		αΠ		4 CITY- 1 TITLE	31-2IF			Change	Addition
NAME				2 NAME					
STREET ADDRESS					T ADDRESS				
CITY - ST - ZIP			2.	4 CITY-	-ST-ZIP	- h			
TITLE		D	ELETE 3.	1 TITLE				Change	Addition
NAME			3.	2 NAME					
STREET ADDRESS			3.	3 STREE	T ADDRESS				
CITY-ST-7IP			3.	4. CITY-	-ST -ZIP				
TITLE		D	ELETE 4.	1 TITLE				Change	Addition
NAMÉ			4.	2 NAME	[ļ
STREET ADDRESS			4.	3 STREE	T ADDRESS				
CiTy - ST - 7iP					SI-ZIP			TT A:	4 1 00
TITLE		L 0		1 TITLE				Change	Addition
NAME				2 NAME	[
STREET ADDRESS					T ADDRESS				
CHTY - ST - ZIP			5	4 CITY -	S1-ZIP				l

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 files 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.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CHTY-ST-ZIP

CITY-ST-ZIP

THILE

NAME STREET ADDRESS

TED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Change

___ Addition