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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000067769 (8)

Country

9. Name and Address of Current Registered Agent

25

2121 PONCE DE LEON BLVD.

CORAL GABLES FL 33134

PEREZ. EMMANUEL

SUITE 240

PRAT PRINTING, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Ζıp

Principal Place of Business	Mailing Address	
5409 NW 82ND AVE Miami Fl 33168 US	5409 NW 82ND AVE Miami FL 33166-4021 US	

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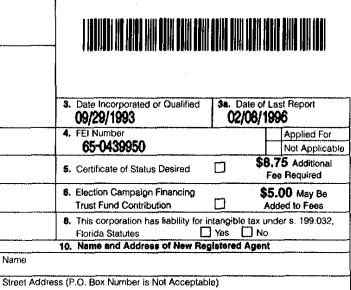
2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Jan 31 1997 8:00am Secretary of State



Zip Code

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

Country

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83 84 Name

- 0					i
SIGNATURE	Signature, typed or primed name of mg sterud agent and to ell applicable INOTE. F	tenistered Agent signature	required when reinstaling)	DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO C		S IN 12
TITLE	PSTD DELETE	1.1 TITLE		Change	Addition
NAME	PRAT, ROSA	1.2 NAME			
STREET ADDRESS	5409 N.W. 82ND AVE.	1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33168	1.4 CITY-ST-ZIP			
TITLE	☐ D£LETE	2 1 TITLE		Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CrTY - ST - ZIP		2. 4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAMÉ		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS	,		
CITY - ST - ZIP		3.4. CITY-ST-ZIP			
TITLE	OELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS	•	4.3 STREET ADDRESS			
CITY - S1 - ZIP		4.4 CITY - ST - ZIP			
TITLE	☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME		5 2 NAME			
STREET ADDRESS		5 3 STREET ADDRESS			
CITY-S1-ZIP		54 CITY+ST+ZIP			
TrILE	DELETE	6 1 TITLE		☐ Change	Addition
NAME		62 NAME			i
STREET ADDRESS		63 STREET ADDRESS			
CITY-S1-7-P		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: