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

PROFIT CORPORATION ANNUAL REPORT

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 14 1997 8:00am ' Secretary of State

Principal Pla 680 N.E. 64Th SUITE #PH 1 MIAMI FL 331: US		Mailing Address 680 N.E. 64TH STREET SUITE #PH 1 MIAMI FL 33138-6208 US		3. Date Incorporated or Qualifie	d 3a. Date of Last Repor	
03		00		09/01/1993	12/30/1996	rt.
2. Principal	Place of Business	2a, Mailing Address		4. FEI Number	Applied	
21] Suite, Api	l H etc.	Suite, Apt. #, etc.		59-3199105	Not Ap	plicable
22	1 #, C10a	27		5. Certificate of Status Desired	Fee Require	
City & St	(a) (c)	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing		y Be
23]	1.0.	28	·	Trust Fund Contribution	Added to Fe	***********
Z <sub>(p)</sub>	Country 25	Z(p 29	Country 30	This corporation has liability f     Florida Statutes	or intangible tax under s. 199	9.032,
<u></u>	9. Name and Address of Currer	······································	1301	10. Name and Address of New		
CAI	RNEIRO, CLAUDIONOR F		81 Name			
	N.E.		82 Street	Address (P.O. Box Number is Not Accep	table)	
	ITE #PH 1		83			<del></del>
MIN	VMI FL 33138			· · · · · · · · · · · · · · · · · · ·		
			84 City		FL 85 Zip Code	e
	it to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	gations of, Section 607.0505, F	lorida Statutes	solution o board of directors. Thereby de-	oopt trie appointment as regi	1010100
SIGNATURE	Sajn rune, typed to printed name of registered ag		TE Registered Agent signature	required when reinstaling)	DATE	
12.	Sign cure, typed or proded name of regelered ap OFFICERS AN	ND DIRECTORS	TE Registered Agent a gnature		DATE FICERS AND DIRECTORS IN	l 12
<b>12.</b>	Sign care, based or printed name of registered as OFFICERS AN DCAR		TE Flegistered Agent a gnature 13. 1.1 TITLE	required when reinstaling)	DATE FICERS AND DIRECTORS IN	l 12
12.	OFFICERS AN  OFFICERS AN  OFFICERS AN  CARNEIRO, CLAUDIONOR F.  680 N.E. 64TH STREET, #PH	ND DIRECTORS	TE Registered Agent a gnature	required when reinstaling)	DATE FICERS AND DIRECTORS IN	l 12
12. THUE NAME	OFFICERS AN  OFFICERS AN  OCAR  CARNEIRO, CLAUDIONOR F.	ID DIRECTORS DELETE	TE Registered Agent signature 13. 1.1 TITLE 1.2 NAME	required when reinstaling)	DATE FICERS AND DIRECTORS IN Change	l 12 Addition
12. THE NAME STREEL ADDRESS CHY-SI-ZIP THEE	OFFICERS AN  OFFICERS AN  OFFICERS AN  CARNEIRO, CLAUDIONOR F.  680 N.E. 64TH STREET, #PH	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	required when reinstaling)	DATE FICERS AND DIRECTORS IN Change	l 12 Addition
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in immanor modeled on inits anneal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oat Lam: 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.