SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Sep 09 1997 8:00am Secretary of State

DOCUMENT #	P93000074861	(4)
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Principal Pl	lace of Busines	iss	Mailing Address				T INDIVIDUALITY STATE STATE STATE STATE STATE STATES	/0/// Pirili /DI	j ii biadi laika ar	(8) (19) (8) (
17150 S.W.			17150 S.W. 232 S	ST.						
MIAMI FL 3	/3170		MIAMI FL 33170				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified		Date of Last R	Report
							10/25/1993	0.	1/08/1996	· /
	al Place of Bus	ilness	2a. Mailing Addre	ess			4. FEI Number		Ar	pplied For
(1)			26				65-0454255			ot Applicable
 -	pt. #, etc.		Suite, Apt. #, (etc.			5. Certificate of Status Desired			Additional leguired
City & Si	itate		City & State				6. Election Campaign Financing			May Ele
23	MC		28				Trust Fund Contribution			May He to Fees
Zip		Country	Zip	Cou	intry	,	8. This corporation owes or has	paid the cu		
24		25	29	30			Personal Property Tax due Jui			XI No
			irrent Registered Agent		24	T 41	10. Name and Address of New I	tegistered	Agent	
	ZIKA, ROD G			!	81	Name				
	17150 SW 23				82	Street Addre	ess (P.O. Box Number is Not Accept	able)		
P/I	VIAMI FL 331	170		ļ	83					
				,						
					84	City		FL	85 Zip	Code
11. Pursuar	nt to the provi	isions of Sections 607	.0502 and 607.1508, Florid	a Statutes, the a	I ∋vod	e-named corp	poration submits this statement for the	purpose o	of changing it	is registered
office o agent. i	r registered at I am familiar v	gent, or both, in the St with, and accept the of	State of Florida. Such chang bligations of Section 607.0	je was authorize 3505, Florida Sta	d by lutes	r the corporate 3.	ion's board of directors. I hereby acc	ept the ap	pointment as	registered
SIGNATURE										
	Stgnature, type	od or printed name of registered			d Age	m! signature require	ed when reinstating)	DATE	S DIRECTOR	20 11 10
12.	PTS	UFFICENS	AND DIRECTORS	13. LETE 1,1 TI	T1 F		ADDITIONS/CHANGES TO OFF	ICEHS AIN	Change	RS IN 12 Addition
NAME	ZIKA, R	ion g.		1.2 N					Li onange	L. Octabri
STREET ADDRES	49450 6	SW 232 ST.		1		ADDRESS				
CITY-ST-ZIP	MIAMI F			1.4 CI						
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NAME	1			2.2 NJ	AME	[
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CITY-ST-ZIP		~ ~~~~		5.4 CF		T-ZIP			Channe	1 Addition
TITLE			☐ DEL			1			Change	Addition
NAME OTOGET ADDRESS				6.2 NA						
STREET ADDRESS	\$					ADDRESS				
14. I do her	reby certify the	at the information sup	plied with this filing does n	et qualify for the			I in Section 119.07(3)(i), Florida Statu	tes. I furthe	er certify that	the
informat	betecilhoi noite	Lon this annual report	or supplemental annual red	porf is true and a	accu	irate and that i	my signature shall have the same let t as required by Chapter 607, Florida	nal effect a	is if made uni	ider oath: that