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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business 2551 NW 92 AVE. CORAL SPRINGS FL 33065 US POSCUMENT # P93000081296 Mailing Address 2551 NW 92 AVE. CORAL SPRINGS FL 33065 US					
				3. Date Incorporated or Qualified 11/29/1993	3a. Date of Last Report 04/10/1996
	lace of Business	2a. Mailing Address		4. FEI Nuniber	Applied For
Suite, Apt. #, etc.		26		65-0454117	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip 29	Country 30	This corporation has liability for Florida Statutes	Yes _ No
	9, Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	ANCOURT, JOSE 1 NW 92 AVENUE		{		
SUITE 502			82 Street Ac	ddress (P.O. Box Number is Not Acceptat	ole)
	RAL SPRINGS FL 33065		83		
			84 City		■ 85 Zip Code
11. Pursuant	to the provinces of Sections 607.00	.02 and 607 1609 Floods Stat	ulan the above named su	orporation submits this statement for the p	FL B Zip Code
agent. I a SIGNATURE	m familiar with, and accept the obli- Signature, typed or printed main edit gest red a	igations ef, Section 607.0505, l	S aumorized by the corpo Florida Statutes. OII Registered Agent signature to	ration's board of directors. Thereby acceluses the property of	DATE
12. TITLE	P	DELETE	1.1 1016	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	BETANCOURT, JOSE		1.2 NAMI		
STREET ADDRESS	2551 NW 92 AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CHY - S1 - ZIP		
TITLE		[] DELETE	217016		Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET AUDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		□ oneie	3171111.6		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Decet	3.4. CITY- ST- ZIF		Chapes Addition
TITLE NAME		☐ DELETE	4.1 TITLE		Change Addition
STREET ADDRESS			4 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		DEFE	51 HILF		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CHY-\$1-7P		
TATLE		DELLIFE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
AUTU AT TIP			E 0 1 013 14 03 314		

14. I do hereby certify that the information supplied with this thing 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 supplied with this thing 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 supplied with this annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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.