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

PROFIT CORPORATION ANNUAL REPORT



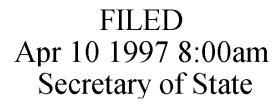
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000086453 (6)



Principal Plac 3631 N.W. 37T MIAMI FL 3314	H PLACE	Mailing Address 3631 N.W. 37TH PLACE MIAMI FL 331424936	alling Address 31 N.W. 37TH PLACE						
						3. Date incorporated or Qualified 12/17/1993		ite of Last Re 26/1996	port
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65-0457188	Applied For Not Applicable			
Suite, Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added t		
Zip	Country	Zip	Co	untry		This corporation has liability for in	ntangible		
24	25	29	30			Florida Statutes	Yes [J No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Reg	lstered .	Agent	
	KLOCKI, CHAPLES			81	Name				
	1 NW 37 PL MI FL 33143		82 Street Addr			ess (P.O. Box Number is Not Acceptable	le)		
****				63			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				84	City		FL	85 Zip (Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607 05 registered agent, or both, in the Statum familiar with, and accept the obli-					oration submits this statement for the pron's board of directors. I hereby accept when reinstating)	urpose of t the app	changing its ointment as	s registered registered
12.		ND DIRECTORS	13.		III BIDINICIO IOCONO	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	S IN 12
TITLE	D	DELETE	1.1 1					Change	Addition
NAME	ZABLOCKI, CHARLES		1.21	AME					
STREET ADDRESS	4883 S.W. 71ST PLACE		1.3 S	STREET	ADDRESS				
CITY - ST - ZIP	MIAMI FL 33155		1.4 0	CITY-ST	- ZIP				
TITLE	D	☐ DELETE	2.1 T	ITLE		<u></u>		Change	Addition
NAME	ALEAGA, SERGIO		2.21	MAME		· · · · · · · · · · · · · · · · · · ·	e_{γ}		
STREET ADDRESS	20354 S.W. 92ND PLACE				ADDRESS		. j.		
CITY - ST - ZIP	MIAMI FL 33177	☐ DELETE		CITY-S	T-21P			Change	Addition
TITLE		DELETE		IIILE		,		Change	L Addition
NAME STREET ADDRESS				NAME STORET	ADDRESS	% .			
CITY-ST-ZIP				CITY - S		÷			}
TITLE		DELETE		TITLE				Change	Addition
NAME				NAME	'			-	}
STREET ADDRESS			4.3 \$	STREET	ADDRESS				
CITY - ST - ZIP			4.4 0	CITY-ST	1-ZIP				
TITLE		DELETE	5.1 1	TITLE				Change	Addition
NAME	}		5.21	NAME	i	•	•		
STREET ADDRESS			5.3 5	STREET ,	ADDRESS				
CITY-ST-7IP		[7] 65,555		CITY-ST	r- ZIP			1 100	Allen
THEF		☐ DELETE		TITLE				☐ Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	1		6.4 (CITY-ST	I-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 ged, or on an attachment with an address.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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