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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 22 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000087207 (5)

## FLORIDA BALTIC ENTERPRISES CORPORATION

6825 S.W. 8151 MIAMI FL	T STREET	6825 S.W. B1ST STREET MIAMI FL 33143-7707							
						3. Date Incorporated or Qualified 12/17/1993		ate of Las 12/1996	
	lace of Business	2a. Mailing Address	<del> </del>			4, FEI Number 65-0462797		⊢→	Applied For
Suite, Apt	# etc	Suite, Apt, #, etc.			<del></del>	03/0402/8/			Not Applicable  5 Additional
22	II. 0.c	27	<b>├</b>			5. Certificate of Status Desired			Required
City & State	0	City & State	<del>                                     </del>		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Acided to Fees				
Ζφ <b>24</b>	Country 25	Ζφ 29	Count	ry		8. This corporation has liability for intangible tax under s. 199.032.  Florida Statutes Yes No			
	g. Name and Address of C	Current Registered Agent			Mana	10. Name and Address of New Re	gistered .	Agent	
LIST		8	81 Name						
	5 S.W. 81ST STREET MI FL		82 Street Addres			ress (P.O. Box Number is Not Acceptab	ole)		
I IVIN-U	WII 1 C		В	3					
			8	4	City		FL	85 Z	ip Code
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida Statu	tes, the abo	Ve-I	named corp	poration submits this statement for the p	UTOOSA O	changin	g its registered
office or r agent. La	registered agent, or both, in the im familiar with, and accept the	obligations of, Section 607.0505, Fl	authorizeo orida Statut	by t	ne corporat	tion's board of directors. I hereby accep	ot the app	ointment	as registered
SIGNATURE									
	Signature typed or printed name of registr	ereo agent and title if applicable. (NOT RS AND DIRECTORS		geni	signature requir	red when reinstating)	DATE	DIDECT	ODC IN 12
12.	PD	DELETE	13.	:		ADDITIONS/CHANGES TO OFFIC	ENS AND	Chanc	
NAME	LISTA, WALTER L		1.2 NAM						
STREET ADDRESS	6825 SW 81ST STREET		1.3 STRE		DORESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY		- 1				
TITLE	SO	DELETE	2.1 TITLE					Chang	e Addition
NAME	HERNANDEZ, JAVIER A		2.2 NAME						
STREET ADORESS	3183 SW 26TH STREET		2.3 STRE	ET AI	DDRESS	•			
CHY-ST-ZIF	MIAMI FL 33133		2. 4 CITY	-ST-	- ZIP				
Tillf	TD	☐ DELETE	3.1 TITLE	: -	T			Crang	e Addition
NAME	EDWARDS, ISABEL L		32 NAM	E					
STREET ADDRESS	7224 SW 132ND COURT		33 STRE	ET AL	DDRESS				
CITY - ST - 715				- ST-	-ZIP			T 6	a dalite-
101.6		☐ DELETE	4 1 TITLE		1			Chang	pe
NAME			4. 2 NAM		DODGEC				
STREET ADDRESS	,		4.3 STRE						
CITY - S1 - ZIP TITLE		DELETE	4.4 CITY 5.1 TITLE		TIP .			Chang	ne Addition
NAME		- Section	5.2 NAM					***************************************	
STREET ADDRESS			5.3 STRE		DDRESS				
CITY-S1-7IP			5.4 CITY						
11t		DELETE	6.1 TITLE	_	-			Chang	je 🔲 Addition
NAME			6.2 NAM						
STREET ADDRESS			6.3 STRE		.DDRESS		1		
CITY - ST - 20P			6.4 CITY	- ST -	ZIP	<u> </u>			

14. Ido 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 attachmen with an address.