FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1006

Secretary of State **DIVISION OF CORPORATIONS**

12/20/1993 2a. Mailing Address 2a. Mailing Address 4. FEI Number 65-0490756 5. Certificate of Status Desired City & State City & State City & State City & State Country Zip Country S. This corporation has liability for intangible Country Countr	Date of Last Re 05/01/199	eport 95 Applied For Not Applicable
C327 MIAMI FL 33142 MIAMI FL 33142 3. Date incorporated or Qualified 3a. Date incorporated or Qualified 12/20/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0490756	05/01/199 F \$8.75 Fee F \$5.00	95 Applied For Not Applicable
C327 MIAMI FL 33142 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Date incorporated or Qualified 12/20/1993 4. FEJ Number 65-0490756 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Country 7. Country 7. Country 7. Country 7. Country 7. Country 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Registered Agent 7. Name and Address of New Registered Registered Agent 7. Name and Address of New Registered Registered Agent	05/01/199 F \$8.75 Fee F \$5.00	95 Applied For Not Applicable
2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. City & State 2. Country 3. Date incorporated of Qualified 4. FEI Number 6. Certificate of Status Desired 7. Trust Fund Contribution 7. Trust Fund Contribution 8. This corporation has liability for intangible Florida Statutes 9. Name and Address of Current Registered Agent 81 Name	05/01/199 F \$8.75 Fee F \$5.00	95 Applied For Not Applicable
21 26 65-0490756 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 5. Certificate of Status Desired City & State 6. Election Campaign Financing Trust Fund Contribution Zip Country Zip Country 8. This corporation has liability for intangible Florida Statutes Yes Modern 9, Name and Address of Current Registered Agent 81 Name	\$8.75 Fee F	Not Applicable
27 City & State Trust Fund Contribution Zip Country Zip Country Registered Agent Since Registered Agent Name Registered Agent	Fee F	C
City & State City & State 28 Zip Country B. This corporation has lability for intangiply florida Statutes Florida Statutes Yes Yes Name and Address of New Registers Name Name		Additional Required
Zip Country Zip Country 8. This corporation has liability for intangible 24 25 29 30 Florida Statutes Yes Wood No. Name and Address of Current Registered Agent 81 Name	Added	0 May Be d to Fees
9. Name and Address of Current Registered Agent 10. Name and Address of New Register 81 Name		199.032,
	ed Agent	
MOREPA JOSE P		
3586 NW 41 ST		
U327		
MIAMI FL 33142	85 Zu	p Code
or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment familiar with, and accept the obligations of, Section 607.0505, Fiorida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DAT	IE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO Change	DRS IN 12 Addition
TILLE PD DELETE 1.1 TITLE VP NAME MORERA, JOSE P 1.2 NAME 1.2 NAME 1.2 NAME 1.4 TITLE 1.4 TIT		M Applicati
	•	
HALLER COLLAR	33024	
CITY-ST-ZIP MIAMI FL 33142 14 CITY-ST-ZIP FIGURE 2 1 TITLE	Change:	Addition
NAME 22 NAME	_ ,	
STREET ADDRESS 23 STREET ADDRESS		
CITY-ST-ZIP 24 CITY-ST-ZIP		
TITLE DELETE 3.1 TITLE	Change:	Addition
NAME 3.2 NAME		
STREET ADDRESS 3.3 STREET ADDRESS		
CITY-ST-ZIP 34 CITY-ST-ZIP		
TITLE DELETE 4.1 TITLE	Change	☐ Addition
NAME 4.2 NAME		
STREET ADDRESS 4.3 STREET ADDRESS		
C(1Y-S1-7)P	Change	Addition
_ \		
NAME 52 NAME		
STREET ADDRESS 5.3 STREET ADDRESS		☐ Addition
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP	Change	
STREET ADDRESS 5.3 STREET ADDRESS	Change	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

6.4 CITY - ST-ZIP

SIGNATURE: ..

D TUTLED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR