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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

·	1996	DIVISION	OF CORPORATIONS		
DOCUI	MENT # P940	00000538	(6)		
RIDI II			·		
Dringian Cir	of Dualitation				
Principal Place		Mailing Address		a sometides ted tatel deltet GETIII &BI	se anist béret allist aniés foins till (fill lât)
12028 S.W. MIAMI FL 33		12028 S.W. 75TH MIAMI FL 33183	ST.		
				 Date Incorporated or Qualified 01/03/1994 	3a. Date of Last Report 03/21/1995
Principal Place of Business 2a. Mailing Address 25 9 7 4		~	4. FEI Number	Applied For	
30,110 26 59 m - Suite, Apt. #, etc. Suite, Apt. #, etc. 27		·- ·	65-0464184	Not Applicable	
03.00		27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zıp 29	Country 30	8. This corporation has liability for Florida Statutes Yes	intangible tax under s 199,032, ☑ No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New R	
IDADDA	DUDV		81 Name		
IBARRA,	, KUDT S.W. 75TH ST.		82 Street Add	ress (P.O. Box Number is Not Acceptab	ile)
MIAMI F			83		
			84 City		
			1 ",		FL 85 Zip Code
or registere	o the provisions of Sections 607,050 ad agent, or both, in the State of Fic	02 and 607.1508, Florida Sta orida. Such change was auth	tutes, the above-named corporized by the corporation's boa	ration submits this statement for the pur ord of directors. I hereby accept the appo	pose of changing its registered office
	n, and accept the obligations of, Se	ction 607.0505, Florida Statu	ites.	and the second s	orthorit as registered agent. Fairi
SNATURE _	Signature, typed or printed name of registered age	ent and title if applicable	(NOTE: Registered Agent signature require	d when reinstaling)	DATE
		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
F 1E	D IDADDA BUDV	☐ DELETE	1. 1 THLE		Change Addition
EFT ADDRESS	IBARRA, RUDY % 12028 S.W. 75 ST.		1.2 NAME		
Y - \$1 - ZIP	MIAMI FL 33183		1.3 STREET ADDRESS 1.4 City-St-Zip		
,F	D	☐ DELETE	2 1 TITLE		Change Addition
NF	IBARRA, DORIS		2.2 NAME		
ELT ADDRESS	% 12028 S.W. 75 ST.		2.3 STREET ADDRESS		
r-ST-ZIP .E	MIAMI FL 33183	☐ DELETE	2.4 CITY - ST - ZIP		·
E			3.1 TITLE 3.2 NAME		Change Addition
EET ADDRESS			3.3 STREET ADDRESS		
(-ST-7IP		<u> </u>	3.4 CITY - ST - ZIP		
		☐ DELETE	4. 1 TITLE		☐ Change ☐ Addition
1É			4.2 NAME		
EET ADDRESS - ST-7IP			4.3 STREET ADDRESS		
E E		DELETE	4.4 CITY - ST - ZIP 5. 1 TITLE		Chance Cl 422
F		Hand	5.2 NAME		Change Addition
ET ADDRESS			5 3 STREET ADDRESS		
- S1 - ZIF			5 4 CITY-ST-ZIP		
		☐ DÉLETE	6 1 TITLE		Change Addition
E ADDRESS			6.2 NAME		
-S1-ZIP			6.3 STREET ADDRESS		
I do hereby	certify that the information supplied	with this filing is voluntarily for	64 CITY-ST-ZIP	or the exemption stated in Section 119.0	7/2Vb) Florido Statutos 14 11
oath; that I a	ne information indicated on this and am an officer or director of the corp Block 12 or Block 13 if chringed, or	ncation or the receiver or true	tee empowered to execute this	or the exemption stated in Section 119.0 e and that my signature shall have the s report as required by Chapter 607, Flor	r (элк). Florida Statutes. I further ame legal effect as it made under ida Statutes; and that my name
GNATL	JRE:	An R	UDY IBARRA	4-26.40	(305)273-0575
	SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFI	CER OR DIRECTOR	Date	Daytime Phone I