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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

| Principal Place of Business 333 NE 27 STREET | Mailing Address 410 NE 28TH ST | |
|--|--------------------------------|--|
| MIAM FL 33137 US | MIAMI FL 33137-4614 | |

FILED Apr 11 1997 8:00am Secretary of State

| DOCUMENT # P9400001681 (3) 333 N.E. 27TH STREET CORP. Principal Place of Business Mailing Address 333 NE 27 STREET 410 NE 28TH ST MIAMI FL 33137 MIAMI FL 33137-4614 US | | | | | | | | | | | |
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| ~~ | | | | | | | 3. Date Incorporated or Qua 01/01/1994 | | ate of Las 19/199 | | port |
| | Place of Busines | s | 2a. Mailing | Address | | | 4. FEI Number | | | Арр | lied For |
| 21 Suite, Ар | l # atc | | 26 Suita Ar | ot. #, etc. | | | 65-0476553 | | 607 | | Applicable dditional |
| 22 | τ. π, σιο | | 27 | pt. W. 010. | | | 5. Certificate of Status Desir | ed 🔲 | | e Req | |
| City & Sta | ale | | City & S | tate | | | 6. Election Campaign Finance | | | | /ay Be |
| 23 Z _{ip} | | Country | 28 Zip | | Country | | Trust Fund Contribution 8. This corporation has liabil | lity for intangible | | | Fees |
| 24 | 25 |] | 29 | | 30 | | Florida Statutes | X Yes | □ No | OI Q. | |
| | | d Address of Curren | it Registered Ag | ent | 61 | Name | 10. Name and Address of N | ew Registered | Agent | | |
| | r, hector j 55 le jeune f | 9h | | | 82 | | | | <u> </u> | | |
| | JITE 1107 | 10 | | | | Street Ad | dress (P.O. Box Number is Not Ac | ceptable) | | | |
| | PRAL GABLES | FL 33134 | | | 83 | *********** | | 1 | | | ************************************** |
| | | | | | 84 | City | | | 85 | Zip Co | ode |
| 44 Durous | t to the previolen | c of Sections CO7 DEO | 12 and 607 1609 | Etorida Stati | toe the above | | processing submits this statement for | FL | d channir | na ite | registered |
| agent I | am familiar with. | and accept the oblig | ations of Section | change was 607.0505, F | authorized by lorida Statutes | e-named co / the corpor s. | orporation submits this statement for ation's board of directors. I hereby | accept the app | oointmeni | i as ie | egistered |
| SIGNATURE | Stignature, typed or p | and accept the obligation name of registered age OFFICERS AN | ant and title if app⊮cable D DIRECTORS | (NC | DTE: Registered Age | | ation's board of directors. I hereby juilted when reinstalling) ADDITIONS/CHANGES TO | DATE | D DIREC | TORS | IN 12 |
| SIGNATURE | Signature, typed or p D RODRIGUE | OFFICERS AN | ant and title if app⊮cable D DIRECTORS | | OTE: Registered Age | | quired when reinstating) | DATE | | TORS | IN 12 |
| SIGNATURE 12. HILE | D RODRIGUE: 3981 SW 2 | OFFICERS AND A NOTER | ant and title if app⊮cable D DIRECTORS | (NC | DTE: Registered Age 13. 1.1 TVTLE | eni Bignature rec | quired when reinstating) | DATE | D DIREC | TORS | IN 12 |
| SIGNATURE 12. THLE NAME STREET ADDRESS CHY-ST-ZIP | D RODRIGUES 3981 SW 21 MIAMI FL 3 | OFFICERS AND A NOTER | on, and title if applicable D DIRECTORS | DELETE | 13. 1.1 TYLE 1.2 NAME 1.3 STREET | enl signature rec | quired when reinstating) | DATE | D DIREC | TORS | IN 12 |
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r on nereby 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 charged or on an attachment yith an adulties.

SIGNATURE:

Daytime Prione #