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

Mailing Address

2696 SW 87TH AVE

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

197 305-225-6000

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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SIGNATURE

Principal Place of Business

2698 SW 87TH AVE

MIAMI FL 33165-2031 **MIAMI FL 33165** 3a. Date of Last Report 3. Date Incorporated or Qualified 01/10/1994 08/14/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For NOT APPLICABLE Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, elc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Z_{10} 🔲 Yes 🔲 No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SANTANA, SILVIO 4926 SW 154TH CT 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33185 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Stipercure hyperfor printed name of registored agent and title I applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1 S TITLE THE SANTANA, SILVIO 1.2 NAME NAME 4926 SW 154TH CT 1.3 STREET ADDRESS SURFEI ADDRESS **MIAMI FL 33185** 1.4 CITY-ST-ZIP CITY S1-70P Change Addition DELETE 2.1 TITLE TIT.F SANTANA, ROSARIO 2.2 NAME NAME 4926 SW 154TH CT 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33185** 2.4 CITY-ST-ZIP CHY-SI-7IP DELETE Change Addition 3.1 TITLE THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY ST ZIP Change DELETE Addition 4.1 TITLE THE 4, 2 NAME NAME 4.3 STREET ADDRESS STHEET ACURESS COTY-ST ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CHY-ST-ZIE Addition Change □ DELETE 6.1 TITLE TITLE 62 NAME **63 STREET ADDRESS** STREET ADORESS

64 CITY-ST-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 Original Proposition or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

an attachment with an address

changed, or on