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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P9400007460 (6)**

| ### Address ## | 10/15/1996 Applied For Not Applicable tus Desired \$8.75 Additional Fee Required gn Financing \$5.00 May Be |
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| 2. Principal Place of Business 2. An Mailing Address 2. An Mailing Address 3. April #, etc. 3. Certificate of State | 10/15/1996 Applied For Not Applied For Not Applicable tus Desired \$8.75 Additional Fee Required gn Financing \$5.00 May Be Added to Fees has liability for intangible tax under s. 199.032, Yes No |
| 26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country A. This corporation Florida Statutes 9, Name and Address of Current Registered Agent BERRIOS, JOSEPH 975 NW 114 AVE CORAL SPRINGS FL 33007 77 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this strothics or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature required when reinstating: 12. Of FICERS AND DIRECTORS 13. ADDITIONS/CHA TIRE D ERRIOS, JOSEPH DELETE 11 TITLE D BERRIOS, JOSEPH 12 NAME | Not Applicable tus Desired \$8.75 Additional Fee Required gn Financing \$5.00 May Be Added to Fees has liability for intangible tax under s. 199.032, Yes \[\] No |
| Suite, Apt #, etc 22 City & State City & State City & State 28 Zip Country Zip | tus Desired S8.75 Additional Fee Required gn Financing S5.00 May Be ibution Added to Fees has liability for intangible tax under s. 199.032, Yes No |
| City & State Country Zip Country B. This corporation Florida Statutes 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent BERRIOS, JOSEPH 975 NW 114 AVE CORAL SPRINGS FL 33007 COUNTRY CORAL SPRINGS FL 33007 COUNTRY COUNTRY | gn Financing \$5.00 May Be ibution Added to Fees has liability for intangible tax under s. 199.032, |
| City & State 28 28 Country Zip Country Zip Country Sign and Address of Current Registered Agent BERRIOS, JOSEPH 975 NW 114 AVE CORAL SPRINGS FL 33007 The summer of registered Agent of both, in the State of Florida. Such change was authorized by the corporation's board of directors agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE To the summer of registered agent and accept the obligations of, Section 607.0505. The summer of registered agent are described agent and literal applicable. City & State Country 8, This corporation Florida Statutes Name 82 Street Address (P.O. Box Number 82 Street Address (P.O. Box Number 83 B4 City The summer of registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Determine the provisions of registered agent and literal applicable. (NOTE: Registered Agent signature required when reinstalling) 12. Of FICERS AND DIRECTORS 13. ADDITIONS/CHA THE BERRIOS, JOSEPH 12. NAME | gn Financing \$5.00 May Be ibution Added to Fees has liability for intangible tax under s. 199.032, |
| Trust Fund Control Zip Country Zip Country Zip Country Registered Agent Service Address of Current Registered Agent Registered Address (P.O. Box Number Coral Springs FL 33007) Registered Agent Registered Registered Registered Agent Registered Regist | ibution |
| Zip Country Zip Country R. This corporation | has liability for intangible tax under s. 199.032, |
| 9, Name and Address of Current Registered Agent BERRIOS, JOSEPH 975 NW 114 AVE CORAL SPRINGS FL 33007 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this strongent Lam familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE Signature, byend to peaker came of registered agent and the displicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHA THE D BERRIOS, JOSEPH 12. NAME | |
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| 975 NW 114 AVE CORAL SPRINGS FL 33007 83 B4 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this stroffice or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Expeditor protein name of registered agent and life of applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHA THE D BERRIOS, JOSEPH 12. NAME | |
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| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this stroffice or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Typestor protein came of registered agent and life of applicable. (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHAITIE DELETE 1.1 TITLE BERRIOS, JOSEPH 1.2 NAME | is Not Acceptable) |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this stroffice or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature to peaker care of registered agent and title diapplicable. (NOTE: Registered Agent signature required when reinstating). 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHAITIE DELETE 1.1 TITLE MAME BERRIOS, JOSEPH 12 NAME | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this stroffice or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Superfers, typical or protein name of registered agent and title of applicable. (NOTE: Registered Agent signature required when reinstating) 12. OF EICERS AND DIRECTORS 13. ADDITIONS/CHA TILE D BERRIOS, JOSEPH 1.1 TILE 1.2 NAME | |
| office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Specific typestric protection of registered agent and life-of applicable. (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHAUDE MAY: BERRIOS, JOSEPH 1.1 TITLE LAME. | 85 Zip Code |
| office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Specific typestric protection of registered agent and life-of applicable. (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHAUDE MAY: BERRIOS, JOSEPH 1.1 TITLE LAME. | FL 5 25 25 25 25 25 25 25 25 25 25 25 25 2 |
| SIGNATURE Stgrature, typed to poster same of registered agent and titled applicable. (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHA TITLE NAME BERRIOS, JOSEPH 12. NAME | I hereby accept the appointment as registered |
| 12. OF EICERS AND DIRECTORS 13. ADDITIONS/CHA TITLE D DELETE 1.1 TITLE NAME BERRIOS, JOSEPH 12. NAME | |
| 12. OFFICERS AND DIRECTORS THE D BERRIOS, JOSEPH 13. ADDITIONS/CHA 11 TITLE 12 NAME 12. ADDITIONS/CHA 12 NAME | DATE |
| BERRIOS, JOSEPH 12 NAME | NGES TO OFFICERS AND DIRECTORS IN 12 |
| OTE AND ALL ALL AND | Change Addition |
| STREET ADDRESS 975 NW 114 AVE | |
| | |
| CITY-ST-74P CORAL SPRINGS FL 33007 14 CITY-ST-72P | |
| THE DELETE 2.1 TITLE | Change Addition |
| NAME BERRIOS, EILEEN 22 NAME | · |
| STREET ADDRESS 975 NW 114 AVE 2.3 STREET ADDRESS CORAL SPRINGS FL 33007 2.4 CHY-ST-ZIP 2.4 CHY-ST-ZIP | : |
| CHY-S1-7/P CORAL SPAINGS PL 33007 2.4 CHY-S1-7/P 2.4 CHY-S1-7/P 3.1 THE | Change Addition |
| NAATI 3.2 NAME | |
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| CITY-ST-7/P 34. CITY-ST-7/P | |
| DELETE 4.1 TITLE | Change Addition |
| NAME 4 2 NAME | - |
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| CITY-ST-ZIP | |
| THLE DELETE 5.1 TITLE . | |
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| CHY-SI-7/P 54 CHY-SI-7/P | ☐ Change ☐ Addition |
| THE DELETE 6.1 THLE | |
| NAME 5.2 NAME | Change Addition |
| STREET ALORESS | |
| CHY-ST 70" 64 CHY-ST-7IP | |
| 14. I do hereby cerify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chap. | ☐ Change ☐ Addition |

SIGNATURE:

appears in Block 12 or Block

changed, or on an attachment with an address.

FILED

Apr 02 1997 8:00am

Secretary of State