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

Principal Place of Business
3557 NW 36 ST

Mailing Address 3557 NW 36 ST.

FILED Jul 14 1997 8:00am Secretary of State



MIAMI FL 33142 US		MIAMI FL 33142-5039 US						
				3. Date Incorporated or Qualified 02/04/1994	3a. Date of Las 11/12/199	st Report 6		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For		
		26 SAMC		65-0567711		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	L-90	5 Additional Required		
City & State FORIDA		City & State		6. Election Campaign Financing		00 May Be		
23 MIA Zip	Country	28 Zip	Coun	1rv	Trust Fund Contribution		ed to Fees	
24 BB14	12 DADE	29	30	ıı y	This corporation has liability for in Florida Statutes	ntangible tax undo Yes - No	er s. 199.032,	
	9. Name and Address of Current		1901		10. Name and Address of New Re			
DOP	ICHAK, KENNETH J		ŧ	Name				
11900 BISCAYNE BLVD.			-	32 Street Add	et Address (P.O. Box Number is Not Acceptable)			
N. M	IIAMI FL 33181		[Sileet Aut	diess (7.0. dox normalins not Acceptab	(e)		
			[6	33				
			ĩ	34 City		85 Z	ip Code	
44 Purpugat	to the provisions of Contiana 607 0600	and CO7 1CO0. Florida Ciel d	lag the abo		poration submits this statement for the p	<u> </u>		
agent. I a SIGNATURE	m familiar with, and accept the obligat	ions of, Section 607.0505, Fl	orida Statu	les.	alion's board of directors. I hereby accep		as registered	
	Signature, typed or printed name of registered agent			\gent signature requ	ared when reinstating)	DATE		
12.	OFFICERS AND	DELETE	13. 1.1 1liL	,T	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT		
NAME	LINARES, AMELIA	La Dittit	1.1 IIIL	1		☐ Chang	ge Addition	
STREET ADDRESS	3551 NW 36 ST.			ET ADDRESS	i .			
CITY-ST-ZIP	MIAMI FL			-ST-ZIP				
TITLE	D	DELETE	2.1 Till			Chanc	ne . Addition	
NAME	COLLAZO, HIRAM		2.2 NAM	E			_	
STREET ADORESS	3551 NW 36 ST.		2.3 STR	E1 ADDRESS				
CITY-ST-ZIP	MIAMI FL		2. 4 CiT	7-\$1-ZIP				
TITLE		☐ DELETE	3.1 TITL	1		☐ Chang	ge Addition	
NAME			3.2 NAM	E				
STREET ADDRESS			3.3 STRE	ET ADDRESS			ĺ	
CiTY-ST-ZIP			3.4. CIT	(-\$1-ZIP				
TITLE		L DELETE	4.1 TITL	E		☐ Chang	je Addilion	
NAME			4. 2 NAN	1E				
STREET ADDRESS			4.3 STRE	E1 ADDRESS				
CITY-ST-ZIP		Deter		-ST-ZIP		——————————————————————————————————————		
TITLE		☐ DETELE	5.1 TITLE			☐ Chang	e L Addition	
NAME STORES ADDOCCO			5.2 NAM					
STREET ADDRESS			1	E1 ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 City 6.1 Title			☐ Chang	ie 🔲 Addition	
NAME		beerie	6.2 NAM			спану	Nuominin	
STREET ADDRESS				ET ADORESS				
CITY-ST-ZIP			6.4 CITY					
14. I do hereb	by certify that the information supplied	with this filing does not qualit	ly for the e	remption state	d in Section 119.07(3)(i). Florida Statutes	. I further certify th	nat the	
information I am an of appears in	n indicated on this annual report or si ficer or director of the corporal on tr n Block 12 or Block 13 if changed with	oplemental annual report is to receiver or trustee empow an attachment with an add	rue and ac rered to exi dress.	curate and tha ecute this repo	d in Section 119 07(3)(i), Florida Statutes it my signature shall have the same legal ort as required by Chapter 607, Florida St	effect as if made atutes; and that m	under oath; that y name	