FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00					FILED		
COF ANNL	PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 25 1997 8:00am Secretary of State		
DOCUI 1. Corporation		94000010 CATIONS VENTURE	· · ·			) ADVIEN HUDIN AANVAL ANNAN KANING	n ofili toji
Principal Place of Business Ma			ailing Address				
5531 NW 54TH SUITE 404 COCONUT ORC			ox 822091 'H Florida FL 33062-	2091			
	225				3. Date Incorporated or Quatriled 02/09/1994	3a. Date of Last R 08/01/1996	eport
2. Principal P. 21	tace of Business	2a. M 26	ailing Address		4. FEI Number 65-059 1987	Ar	plied For of Applicable
Soite, Apt.	#, etc	SI	uite, Apt. #, etc.		5. Certificate of Status Desired	S8.75	Additional
22 City & State	0		ity & State	····	6. Election Campaign Financing	\$5.00	May Be
<b>23</b> Zip	Coun	· · · · · · · · · · · · · · · · · · ·	· –	Country	Trust Fund Contribution 8. This corporation has liability for	- ·	
24	25 9. Name and Addi	29 ress of Current Register		80 81 Name	Florida Statutes	Yes No	
SUN MIAI 11. Pursuant office or r	edistered agent, or bo	ctions 607 0502 and 607 th, in the State of Florida cept the obligations of. S	Such change was au	83 84 City s, the above-named corr ithorized by the corpora	ress (P.O. Box Number is Not Acceptat	FL 85 Zip	Code is registered registered
SIGNATURE		inition of registered agent and the if ap	·····	Registered Agent signature requ	red when reinslating)	DATE	
<b>12</b> .	D	OFFICERS AND DIRECTO	DRIS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	Addition
NAME STREET ADDRESS	ARREAZA, RAFAE 5531 NW 54TH LI COCONUT GROV	ANE		1.2 NAME 1.3 STREET ADDRESS			
C(1Y+S1+2)P TITLE NAME	<22	€K,	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	· · · · · · · · · · · · · · · · · · ·	Change	Addition
STREET ADDRESS CITY - ST - ZIP				2 3 STREET ADDRESS 2. 4 City - St - Zip		1 <sub>1</sub>	
THE NAME STREET ADDRESS	}		DELETE	3 1 TIFLE 3.2 NAME 3.3 STREET ADDRESS	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Cihange	Addition
CHTY+ST-ZIP THLE			DELETE	3.4. CNYY-ST-ZiP 4.1 TITLE		Change	Addition
NAME STREET ADDRESS CITY: SE ZIP				4.2 NAME 43 STREET ADDRESS 4.4 City-St-Zip			
titu) NAME STREET ADURESS			DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change	Addition
CITY ST-ZIP THLE NAME STREEF ADDRESS			DELETE	6.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change	Addition
informatic Lam an o	in indicated on this ani ifficer or director of the	nual report or supplement	tal annual report is tru er or trustee empowe	ue and accurate and that ired to execute this repo	d in Section 119.07(3)(i), Florida Statute I my signature shall have the same lega ri as required by Chapter 607, Florida S	il effect as if made un	der oath: that l
SIGNAT			D-		4-19-99 Date	305-268- Dayline Phone #	००व

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