## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.0

• PROFIT CORPORATION ANNUAL REPORT

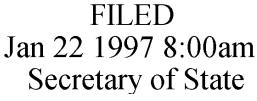
1997



FLORIDA DEPARTMENT I STATE

Sandra B. Mortin

Secretary of Star DIVISION OF CORPORONS



DOCUMENT # P9400013056 (4) 1. Corporation Name						
Principal Place of Business N		Mading Address				
9990 SW 77TH AVENUE SUITE 220 MIAMI FL 33156		9990 SW 77TH AVENUE SUITE 220 MIAMI FL 33156-2680				
				3. Date Incorporated or Qualified 02/14/1994	3a. Date of Last 08/29/1996	٠ ,
F	Place of Business	2a. Mailing Address		4. FEI Number	······································	Applied For
Suite, Ap	A potential	26		65-0233383		Vot Applicable
22	The second secon	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & St.	ate	City & State		Election Campaign Financing     Trust Fund Contribution		May Be
Zip	Country	Zip	Coitry	8. This corporation has liability for	· · · · · · · · · · · · · · · · · · ·	
24	25	29	30	· -	Yes No	]
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Reg	gistered Agent	
	OS, JORGE		81 Name			
	90 SW 77TH AVENUE NTE 220		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
ML	AMI FL 33156	1	63			
	X	/ ,	84 City		- 85 Zip	Code
11. Pursuan	it to the provisions of Sections 697,057	2 and 607 1508. Florida Statut	es the abyo named our	noration submits this statement for the n	FL by	ite registered
office or agent 1	registered agent or both, in the State	Virlanda Such change was	authorizetby the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	it the appointment a	is registered
SIGNATURE	W	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	onda Stanes.	lo.	\ ^^	
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12.		DIRECTORS	13,	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
. TOTLE NAME	ROS, JORGE	DELETE	1.1 ME		☐ Change	: 🔲 Addition
STREET ADDRESS	1		1.2 NAME			,
CiTh - ST - ZIP	MIAMI FL 33156		1.3 SMEET ADDRESS			•
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NAME		C Strift	2.1 TITLE		☐ Change	Addition i
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS			
Offr-St-ZiP	1		2.4 0TY-ST-7iP			-
TITLE		DELETE	31 TALE		Change	Addition
NAM:			3.2 NIME			
STREET ADDRESS	[		3 3 STNEET ADDRESS			ĺ
City-St ZiP			3.4 CITY-ST-ZIP			
7171.5		☐ DELETE	4 1 TITLE		Change	Addition
NAME CONTACTOR			4 2 NAME			1
STREET ADDRESS			4.3 STREET ADDRESS			,
CHY-SI-ZIP TITLE		DELETE	4.4 CFY-ST-ZIF		I 7 &	1 1400
NAME:		□ percie	5 1 TITLE		L Change	Addition
STREET ADDRESS			5.2 NAME			
CITY-ST-ZIP			5 3 STREET ADDRESS			
TITLE	• · · · · · · · · · · · · · · · · · · ·	DELFTE	5.4 CiTY+ST-ZiP 6.1 TiTLE		Change	Addition
NAME			62 NAME			
STREET ADDRESS		4	6.3 STREET ADDRESS			
C177-S1-21P		/] .	6 4 CITY - ST - ZIP			
14. I do herel	by certify that the information supplied	with this it rig does not qualify		d in Section 119.07(3)(i), Florida Statutes	s. I further certify the	at the

14. Ido hereby certify that the information supplied with this in regions not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this actual 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 receive of the report of the corporation or the receive of the research of the corporation or the receive of the research of the corporation or the receive of the research of the corporation or the receive of the research of the corporation or the received of the research of the corporation of the received of the rec

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/92

(201) 274 - 3661