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 # P94000014809 (5)

Principal Place	ST CT.	Mailing Address 2420 S.W. 131ST CT.				
MIAMI FL 3317	5-1157	MIAMI FL 33175-1180				
					3. Date Incorporated or Qualified 02/21/1994	3a. Date of Last Report 04/24/1996
·1	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.				65-0480061	Not Applicable \$8.75 Additional	
22 27				5. Certificate of Status Desired	Fee Required	
City & State					6. Election Campaign Financing	\$5.00 May Be
[23]	Country	28 Zip	Cour	ıtnı.	Trust Fund Contribution	Added to Fees
24	25	29	30	wy	8. This corporation has liability for in Florida Statutes	Yes No
 -	9. Name and Address of Curren				10. Name and Address of New Reg	istered Agent
	RCIA, MARCELINO			Name		
	0 S.W. 131ST COURT		ţ	82 Street Add	dress (P.O. Box Number is Not Acceptable	9)
MIA	MI FL			B3		
				64 City		FL 85 Zip Code
SIGNATURE	to the provisions of Sections 607.050, egistered agent, or both, in the State in familiar with, and accept the obligation segment typed or protect name of registered age				rporation submits this statement for the pu ation's board of directors. I hereby accept	
12.	Sequence: typical or printed name of registered age OFFICERS AND		NOTE Registered	Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
101.6	P\$	DELETE	1.1 767	.E	ADDITIONAÇO INTIGEO TO OTT IOE	Change Addition
NAME	GARCIA, MARCELINO		1.2 NA	ME		
STREET AUDRESS	2420 S.W. 131ST COURT		1.3 ST	EET ADDRESS		
CHY ST-ZIP	MIAMI FL 33175-1157	·····	1.4 C/T	Y-ST-ZIP		
1111.6	VTD	☐ DELETE	2.1 117	` \		Change Addition
NAME	GARCIA, MARIA M 2420 S.W. 131ST COURT		2.2 NA		*	
STREET ADORESS CITY - ST- 7IP	MIAMI FL 33175-1157			REET ADDRESS IV-ST-ZIP	*	
TITLE	1001101	☐ DELETE	31 717			Change Addition
NAM:			3.2 NA	- 1		
STREET ADDIPESS			3.3 \$TI	REET ADDRESS		
CITY+ST-7IP				ry-ST-ZIP		
THLF		DELETE	4.1 717			Change Addition
NAME			4 2 N/	į į		
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CHY-ST 20		☐ DELETE	4.4 CiT 5.1 TiT	Y-ST-ZIP		Change Addition
NAME			5.2 NA			Seems or society and a supplication of
SEREET ADDRESS				REET ADORESS		
C-LY - S1 - ZIP			•	Y-ST-ZIP		
Tille	The state of the s	☐ DELETE	6.1 Trī			Change Addition
NAME			6.2 NA	ME [
STHEET ADORESS			6.3 \$T	REET ADDRESS		

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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if Thanged, or on an attachment with an address. SIGNATURE:

FILED

May 15 1997 8:00am

Secretary of State