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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000015019 (0)

PORMININOS, INC.

SIGNATURE:

Principal Place of Business Mailing Address

2000 NW 92ND AVE.

MIAMI FL 33172 MIAMI FL 33172-2928

## FILED Apr 11 1997 8:00am Secretary of State



						<ol> <li>Date Incorporated or Qualified 02/24/1994</li> </ol>		e of Last <b>19/1996</b>	
·—	Place of Business	} <sub>7</sub>	2s. Mailing Address			4. FEI Number		<b>}</b>	Applied For
<u>1</u>		26				65-0472985			Not Applicable
Suite, Ant. #. etc.		Suite, Apt. #,	etc.			<b>5.</b> Certificate of Status Desired S8.75 Additional Fee Required			
City & Sta	ale	City & State				Election Campaign Financing     Trust Fund Contribution			O May Be d to Fees
Zip 4]	Country 25	Zip 29	30	untry		8. This corporation has liability for Florida Statutes	intangible Yes		s. 199.032
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	gistered A	gent	
OR	RTEGA, JOSE A			81	Name				
2000 NW 92 AVE 200 SE 1ST ST.				82 Street Add		ress (P.O. Box Number is Not Acceptal	ble)		<del></del>
				L					
MIA	AMI FL 33172			83					
				84	City		FL	85 Zij	p Code
S'GNATURE	Signature, typed or pointed name of representation	agest and little if applicante NDD DIRECTORS	(NOTE Registers		nl signature requ	red when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTO	)RS IN 12
<u>                                     </u>	OF ICERS A	DEI		TITLE		ADDITIONS/CHANGES TO OFFIC	CENS KIND	Change	
4AME	WOLLBERG, MARIA E				- 1				
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SPRET ADDRESS CHY-ST-ZP THLE NAME STREET ADDRESS CHY-ST-ZP THLE NAME SUBLET ADDRESS	2000 NW 92ND AVE. MIAMI FL PS ORTEGA, JOSE A 300 ARVIDA CORAL GABLES FL	DE	1.35 1.46 211 229 235 24 LETE 311 32N 3.95 3.4 LETE 4.11 4.2 4.35 4.46 LETE 5.11 5.21 5.35 5.44 LETE 611	STREET, ITTLE VAME STREET COTY-S TITLE NAME STREET COTY-S TITLE NAME STREET NAME STREET COTY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME	ADDRESS ST-ZIP  ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS			Change Change	e Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR