## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 20 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P94000015949 (8)

Principal Place	/	Mailing Address				
SUITE 501 MIAMI FL 33139 US		SUITE 507 MIAMI BCR FL 33139 US	SUITE 601 MIAMIL BCR FL 33139 US		ncorporated or Qualified 3a. Date of Last Report 07/12/1996	
2. Principal Pa	ace of Business	2a. Mailing Address		4. FEI Number	1 017 1E7 10.	Applied For
21 4:30	West Pilidopr	- 26 430 Wast	Pilido Dr	65-0470915	-,-	Not Applicable
Suite, Ant. #, etc.		Suite Apt. #, etc.	Suite Apt. #. etc. 27 MIQMI Brach		\$8.75 Additional Fee Required	
City & State	rida	City & State  28 Florida		6. Election Campaign Financing Trust Fund Contribution		.00 May Be
23 70%	Country	7/10/104	Country	8. This corporation has liability for in		,
331	39 25 USA	. L	Country 10 USA	Florida Statutes	]Yes ☐ No	
	9. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Rec	stered Agent	
430 \	io, Julio West dilido dr II FL 33139		82 Street Add	ess (P.O. Box Number is Not Acceptable 30 West Di Lide (IAM   Black Fi	Pa.	Zip Code
			1 1 7	ocration submits this statement for the pion's board of directors. I hereby accep		·32139
12. THE HAME	OFFICERS PDS BLANCO, JULIO	ting of and felter egisticable (KOTE  AND DIRECTORS  DELETE	Rog stered Agent signature require 13. 11 TITLE 1.2 NAME	ed when revisitating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECT	
STECET ADDRESS	430 W. DILIDO DR. MIAMI BEACH FL		1 3 STREET ADDRESS			
Offi-St ZiP Title	MIAMI DEMONT FL	DELETE	1.4 CITY-ST-ZIP 2 1 TITLE		Cha	ange Addition
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CHY-SI-Zer		□ DELETE	2 4 C(TY - ST - Z)P 3.1 TITLE	Page 11 11 11 11 11 11 11 11 11 11 11 11 11	Cha	ange Addition
TRILE NAME			3.1 TITLE 3.2 NAME		داري البيا	alike Fill whomas
STREET ADDRESS			3 3 STHEET ADDRESS	·-··		
CHY-ST ZIP			3.4 CITY-ST-ZIP			
m.e		☐ DELETE	4.1 TITLE		☐ Cha	ange 🔲 Addition
NAME			4 2 NAME			
STREET ADORESS			4 3 STREET ADDRESS			
CDY-S1-Zir TALE		DELETE	4.4 CiTY - ST - ZIP 5.1 TiTLE		Cha	ange 🔲 Addition
NAME		Pri presis	5.2 NAME			, <u></u> ,,
STREET ADDRESS.			5.3 STREET ADDRESS			
CHY - ST- Zift			5.4 CITY - ST - ZIP			
1/1.F		DELETE	61 TIDLE		Cha	ange Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
City-S!-7#			6.4 CITY - \$1 - ZIP			
information	n incheated on this annual <b>re</b> cort.	or supplemental annual report is tru	ie and accurate and that	d in Section 119 07(3)(i). Florida Statutes t my signature shall have the same legal rt as required by Chapter 607, Florida S	i effect as it mad	de under dath; tha