## 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 # P94000021513 (4)

LOUIS TERTOCHA, P.A.

## **FILED** Feb 18 1997 8:00am Secretary of State



•	AVE., STE. 1450	Mailing Address ONE SE THIRD AVE., \$1	TE. 1450			T ABBILODE HED INLIN BIRIN BERN BENN BENN BENN BENN FLEN HEBE HILL HEBE					
MIAMI FL 33131		MIAMI FL 33131-1714	٠								
					3. Date incorporated or Qualified 03/16/1994						
<b>1</b>	ace of Business	2a. Mailing Address				4. FEI Number		<u> </u>		oplied For	
Suite, Apt. I	H cds		Suite, Apt. #, etc.			03'0400002	<b>65-0466602</b> Not Applica				
22	, Cts.	<u></u>	27			5. Certificate of Status Desired	X	\$8.75 Additional Fee Required			
City & State	}	City & State				Election Campaign Financing \$5.00 May Be					
:3		28	44			Trust Fund Contribution Added to Fees					
Zıp 1	Country	Zip	Coun	try		8. This corporation has liability for intangible tax under s. 199,032,					
4	25   29   30   9. Name and Address of Current Registered Agent			Florida Statutes Yes No  10. Name and Address of New Registered Agent							
TERT	OCHA, LOUIS	orient riogistored Agent		31	Name	IQ, Italia and Addiess of New He	Bistoleti v	.gent			
	SE THIRD AVE., STE. 1450	ı	_		····		<del> </del>			·	
	II FL 33131		1	32	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)				
			Ë	3							
			-	34	City			11	7:	0	
					•		FL	65	•	Code	
<ol><li>Pursuant to office or re</li></ol>	o the provisions of Sections 607	7.0502 and 607.1508, Florida Stat	tutes, the abo	ove-	-named corp	poration submits this statement for the ption's board of directors. I hereby acception	urpose of	chang	ing it	s registered	
agent. Lar	n familiar with, and accept the	obligations of, Section 607.0505, I	Florida Statut	tes.		COLD DOUGLO OF OFFICE S. F HOLDY ACCE	n me app	311111E	iii <b>a</b> s	registered	
SIGNATURE					,						
12.	Signature, typed or profed name of register OFFICERS	ed agent and the it applicable (N	OTE: Registered /	Agen	nt signature requir	red when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE FOR AND	DIDE	TOE	C 1N 12	
1-TLE	P	DELETE	1.1 1 1 4	E		ADDITIONS/OFFACES TO OFFIC	LIIO AITO	Ch		Addition	
NAME	TERTOCHA, LOUIS		1.2 NAM	3					•		
STREET ADDRESS	ONE SE THIRD AVE., STE.	. 1450	1.3 STRE	EET A	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY	- 51-	- ZIP						
TITLE		☐ DELETE	2.1 TITL	E				Ch	ange	Addition	
NAME			2.2 NAM	ΙE							
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		Priese	2.4 CIT		T-ZIP						
TITLE		☐ DELETE	31 TITL					Ch Ch	ange	Addition	
NAME STREET ADDRESS			3.2 NAM	_	ADDRESS						
CITY - ST-ZIP			3.4. CITY								
TITLE		DELEVE	4.1 TITL		-211			Ch	anne	Addition	
NAME			4, 2 NAN	ΛE							
STREET ADDRESS			4.3 STRE	ET A	address						
C-TY - ST - ZIP			4.4 CITY	- 51-	-ZIP						
TITLE		☐ DELETE	5.1 TITLE	E				Ch	ange	Addition	
NAME			5.2 NAM	E							
STREET ADDRESS			5.3 STRE	ET A	Address		-				
CITY - ST - ZIP	***************************************	T on the	5.4 CITY		- ZIP						
TITLE		L DELETE		6.1 TITLE				Ch	nge	Addition	
NAME STREET ADDRESS	/			6.2 NAME 6.3 STREET ADDRESS							
CITY-S1-ZIP		/									
14. I do hereb	y certify that the information sur	pplied with this fling obes not aua	6.4 CITY alify for the ex	Yen	nntion stated	In Section 119.07(3)(i), Florida Statute	s. I further	certifu	that	the	
information Lam an off	indicated on this annual reportion or director of the comporation	t or supplemental annual report is	s true and ac	cur	ate and that	my signature shall have the same lega t as required by Chaptel 607, Florida S	effect as	if mac	le und	der oath; that	
appears in	Block 12 or Block 13 in hange	d or on an attachment with an a	ddress.		ona repor	t as required by emaple out, Fiolica S	1010105, <b>(</b> )	ા લાલા	iriy fi	icai I RC	
CICNIATI		ald lexilaring		À	1/15 TC	FRICK Sholat	20 2	17	1-	KLT	
SIGNATI		ED OR BRINTED NAME OF SIGNING OFFICE	ER OR DIRECTO	******	4 12 IE	Not what Stolde	دردرو	17	<u>, or</u>	コサレ	