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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000022759 (2)

SIGNATURE:

801 BRICKELL KEY DR. 601 BRICKELL I SUITE 501 SUITE 501		Mailing Address 801 BRICKELL KEY DR. SUITE 501 MIAMI FL 33131-2650)		3a. Date of Last Report
				03/17/1994	05/01/1996
2. Principal P 1	lace of Business	2a. Mailing Address		4. FEI Number 65-0478589	Applied For Not Applicable
Stute, Apt	#, etc	Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	H	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 4	Country 25	Zip	Country 30	8. This corporation has liability for in	
<u> </u>	9. Name and Address of Cu		[00]	10. Name and Address of New Reg	
GUT	IERREZ, RENALDY J		B1 Name		· · · · · · · · · · · · · · · · · · ·
601 BRICKELL KEY DR. SUITE 501			82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
	WH FL 33131-2651		83		
			84 City		FL 85 Zip Code
11. Pursuant off oc or r	to the provisions of Sections 607, egistered agent, or both, in the S	.0502 and 607.1508, Florida Statule State of Florida. Such change was a	es, the above-named cor outhorized by the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered
managed for	mitanillar with, and accept the o	bligations of Section 607.0505, Flo	rida Statutes.	•	•
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ageni i a SIGNATURE	htgoatine, typed or perhot came of registure	st agent and little Lapplicable (NOTE	Registered Agent signature requ	uired when reinstating)	DATE
SIGNATURE.	Signature, typed or parties name of registure OFFICERS	ed agent and title. Lapplicable (NOTE SAND DIRECTORS	Registered Agent signature requ		DATE ERS AND DIRECTORS IN 12
SIGNATURE. 12. Hile	Signature, Specificing restrict cause of registure OF FICE RS DPS	st agent and little Lapplicable (NOTE	Registered Agent signature required 13.	uired when reinstating)	DATE ERS AND DIRECTORS IN 12
SIGNATURE. 12. HILE NAME	Stgrature, typed or partial range of registers OFFICERS DPS ANGEL BAHJAT ORFALI	ed agent and title 1 applicable (NOTE AND DIRECTORS DELETE	Registered Agent signature required 13.	uired when reinstating)	DATE ERS AND DIRECTORS IN 12
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PENALOY 7. Gutis nace 4/28/97 (205) 577-4500