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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P94000030511	(7)
<ol> <li>Corporation Name</li> </ol>		, ,

Principal Place 1226 CORDOV CORAL GABLE	e of Business	Mailing Address 1226 CORDOVA ST CORAL GABLES FL 33134-2 US	457		
				<ol> <li>Date Incorporated or Qualified 04/20/1994</li> </ol>	3a. Date of Last Report 04/26/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	·	65-0490565	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional   Fee Required
City & State	<u> </u>	City & State		Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	r intangible tax under s. 199.032,
24	25 9. Name and Address of Curre		30	Florida Statutes  10. Name and Address of New R	
MAF	ITINEZ, OLIVER H		81 Name		
	N.E 28TH AVENEU		82 Street Add	ress (P.O. Box Number is Not Accepta	able)
MIAI	MI FL 33125		83		
			84 City		FL 65 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the	
agent La	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statutes.	poration submits this statement for the tion's board of directors. I hereby according	pt the appointment as registered
SIGNATURE		NOTE:			
12.	Signature, typed or printed name of registered ag OFFICERS AN	ID DIRECTORS	Registered Agent signature requi	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TOLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIFORD, ROBERT R		1.2 NAME		
STREET ADDRESS	1226 CORDOVA STREET CORAL GABLES FL		1.3 STREET ADORESS		
City-St-7iP Title	TDV	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	WILLIFORD, ELENA M		22 NAME		
STREET ADDRESS	1226 CORDOVA STREET		2.3 STREET ADDRESS	•	
CHY-S1-ZIP	CORAL GABLES FL SD	Dipriegr	2. 4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Description of the second
TITLE NAME	GONZALEZ, SILVIA	☐ DELETE	3.1 TITLE 3.2 NAME		Change
STREET AUDRESS	3553 S.W 25TH ST.		3.3 STREET ADDRESS		
CITY-SI-ZIF	MIAMI FL		3.4. CITY-ST-ZIP		
TITLE	A STATE OF THE PROPERTY OF THE	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$1-ZP TITLE		☐ DELETE	4.4 CITY+SY-ZIP 5.1 TITLE	<u> </u>	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP		Finere	54 CITY - ST - ZIP		Charac   Asiste
TITLE NAME	•	☐ DELETE	6.1 TITLE 6.2 NAME		L. Change L. Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-S1-ZIP			6.4 CiTY-ST-ZIP		
informatio	in individual on this annual report or	cumplemental annual report is tri	ic and accurate and the	d in Section 119.07(3)(i), Florida Statut t my signature shall have the same leg	rel offent se if made under ooth: that l
I am an o appears i	fficer or director of the corporation on Block 12 or Block 13 if changed of	r the receiver or try stee empower or on an attachment with an addr	red to execute this reporess.	rt as required by Chapter 607, Florida	Statutes; and that my name

TED NAME OF SIGNING OFFICER OR DIRECTOR