### 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 # P94000042012 (2)

## **FILED** Mar 07 1997 8:00am Secretary of State

		Mailing Address 5179 N.W. 74TH AVE. MIAMI FL 33168-5500								
						3. Date Incorporated or Qualifie 06/06/1994		te of Last F 3/1996	Report	
h	Place of Business	2a. Mailing Address	. Mailing Address			4. FEI Number		A	pplied For	
Suite, Apt	#. etc.	Suite Ant #. etc	6 Suite, Apt. #, etc			65-0495772			ot Applicable Additional	
22	, ,,	27				5. Certificate of Status Desired			equired	
City & Stat 23	······································	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Count	У		8. This corporation has liability for			i. <b>199</b> .032,	
24	24 25 29 30 30 9. Name and Address of Current Registered Agent					Florida Statutes Yes No  10. Name and Address of New Registered Agent				
MO	NSANTE, ARTURO		8	Name		to the second se	·	A		
8963 CARIBBEAN BLVD.				2 Street	Addré	dress (P.O. Box Number is Not Acceptable)				
MIA	MI FL 33157	$\wedge$	8	3						
	$\wedge$	<b>/</b> 1						7727		
		<i>'</i> /	6-				FL		Code	
office or agent 1: SiGNATURE	To the provisions of Sections 607.05 registered tigent or both in the State and tartition with the provision accept the oblight					oration submits this statement for the on's board of directors. I hereby according to the reinstating (	e purpose or cept the appo	changing i bintment as	ts registered registered	
12.		ND DIRECTORS	13.	April 9. Primitin	r required	ADDITIONS/CHANGES TO OF		DIRECTOR	RS IN 12	
TITLE	PD DELETE		1.1 TITLE	1,1 TITLE		)		Change	Addition	
NAM!	MONSANTE, ARTURO		1.2 NAME		MO	SBSW 134 PL				
STREET ADDRESS	8983 CARIBBEAN BLVD. Miami Fl 33157			1.3 STREET ADDRESS		585W 134 FC	33 184	_		
CITY - ST - ZIP TITLE	MINNI I F 20101	DELETE	1.4 CITY - 2.1 TITLE		m	AMI PLOKISM	<del></del>	Change	Addition	
NAME		<del></del>	2.2 NAME				'			
STREET ADDRESS			2.3 STREE	T ADDRESS						
CHY-SI-ZIP			2. 4 CITY	-ST-ZIP	<u> </u>		<del> </del>			
T			3 1 TITLE			•		Change	Addition	
NAME STREET ADDRESS			3.2 NAME	T ADDRESS						
CITY - ST - ZIP			3.4 CITY							
TIFLE		DELETE	4.1 TITLE		<del></del>	·		Change	Addition	
NAME			4. 2 NAM							
STREET ADDRESS	ļ		4.3 STREI	T ADDRESS						
CHY ST ZEP TILLE		DELETE	4.4 CITY -		<del> </del>	**************************************		Change	Addition	
NAME		FT DETECT	5 1 TITLE 5 2 NAME				l	Change	LJ AUUIIOII	
STREET ADDRESS				T ADDRESS						
CITY ST-ZIP			5.4 CITY -							
1:1.F		DELETE	61 TIYLE	*******		<u> </u>		Change	Addition	
NAME			62 NAME							
STREET ADDRESS			6.3 STRES	223BOOK T	1					

14. I do hereby cert by that the information supprinformation indicated on this a initial report of am an officer or director of the combination appears in Brock 12 or Block 13 if changes dies not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the under coath; that report is true and accurate and that my signature shall have the same legal effect as if made under oath; that trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

REQUIRED

305-717-3122