Meter Address     Internationalisation     Date       2.     OFFICERS AND DIRECTORS     13.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12       14     PS     International dependent instance     International dependent instance     Internationalisation       ME     PEREZ, ADA C     12 NAME     Internationalisation     Change     Additionalisation       ME     1989 S W 19TH AVE     13 StreEt ADDRESS     14 CITY-ST-ZP     Change     Additionalisation       V - ST-ZP     Internationalisation     23 StreEt ADDRESS     Internationalisation     Change     Additionalisation       V - ST-ZP     Internationalisation     23 StreEt ADDRESS     Internationalisation     Change     Additionalisation       V - ST-ZP     Internationalisation     Internationalisation     Internationalisation     Internationalisation     Internationalisation       V - ST-ZP     Internationalisation     Internationalisation     Internationalisation     Internationalisation       V	COR ANNL	PROFIT RPORATION JAL REPORT <b>1997</b>		Sandra I Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS	Jan 31 1	ELED 1997 8:00 ary of St	
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Sule. Act. #, otc.         Sule. #	Principal Pr	ace of Busiriess		Mailing Address				
Cdy & State     City & State     Fee Required       Cly & State     Cly & State     6. Election Campaign Financing     Addeto Fees       Zip     Zin     20     Country     8. The corporation has balling for introgible tax unders in 190 032, Fords States       B. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       PEREZ, ADA C     1888 SW 19 AVE     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       PEREZ, ADA C     1888 SW 19 AVE     11     10. Name and Address of New Registered Agent     10. Name and Address of New Registered Agent       PEREZ, ADA C     1888 SW 19 AVE     18     10. Name and Address of New Registered Agent       MAMI FL 33145     18     10. Name and Address of New Registered Agent       PEREZ, ADA C     18     10. Name and Address of New Registered Agent       Signal to not provide to the other the State of Drots'. Socie reprovement as the adores- named corporation submits in statement for the purpose of the other the State of Drots'. Socie reprovement as the adores of Drots' State. Florida States.       GNATURE     Signal to the interval agent as in the agent as interval agent as interv	Suite, Apt	#, etc.		Suite, Apt. #, etc.			38.75 Add	litional
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28     29     29     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20     20			28	-		, , , ,		
	Zip		·	Zip				9.032,
		9. Name and Add		ered Agent				
MAMI FL 33145					81 Name			
Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of observation is neglistered agent. or hort, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I an interval accept the childpations of .Section 07.0505, Florids Statutes.  GNATURE  Sequence funct or predictions of the supercede in a supercede in a supercede in the supercede accept the childpatient of .Section statutes.  GNATURE  Sequence funct or predictions of .Section of supercede in a supercede in the supercede accept the childpatient of .Section statutes.  CIFICE IS AND DIFECTORS IN 12  CIFICE IS AND CIFICE IS AND DIFECTORS IN 12  CIFICE IS AND CIFICE IS AND DIFECTORS IN 12  CIFICE IS AND CIFICE IS AND DIFECTORS IN 12  CIFICE IS AND CIFICE IS AND DIFECTORS IN 12  CIFICE IS AND CIFICE IS AND CIFIC IS AND ACCEPTING IN A SUBMER INCOMES  So IN STATE ADDRES					82 Street Ad	dress (P.O. Box Number is Not Accepta	ble)	
Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the process of change in tergistered agent, and accept the obligations of, Section 607 0505. Florida Statutes.      Maximum are with, and accept the obligations of, Section 607 0505. Florida Statutes.      Maximum are with, and accept the obligations of, Section 607 0505. Florida Statutes.      Maximum are with, and accept the obligations of, Section 607 0505. Florida Statutes.      More Registered agent are interacting to the provide the appointment as registered      More Registered agent are interacting.      More Registered agent ar					83		··· ···	
ME       PEREZ, AIDA C       12 MAME         1989 S W 19TH AVE       13 STRET ADDRESS         Y. ST. 2P       14 CITY-ST-ZP         LE       DELETE       21 TITLE         MR       22 NAME         REEL ADDRESS       23 STRET ADDRESS         Y- ST-ZP       24 CITY-ST-ZP         LE       DELETE         23 STRET ADDRESS       23 STRET ADDRESS         Y- ST-ZP       24 CITY-ST-ZP         LE       DELETE         34 CITY-ST-ZP       Change         Additioner       32 STRET ADDRESS         Y- ST-ZP       24 CITY-ST-ZP         LE       DELETE         35 STRET ADDRESS       23 STRET ADDRESS         Y- ST-ZP       34 CITY-ST-ZP         LE       DELETE         Y- ST-ZP       34 CITY-ST-ZP         LE       DELETE         X- ST-ZP       34 CITY-ST-ZP         LE       DELETE         X-ST-ZP       34 CITY-ST-ZP         LE       DELETE         X-ST-ZP       35 STRET ADDRESS         Y-ST-ZP       42 CITY-ST-ZP         LE       DELETE       51 TITLE         ME       52 NAME       53 STRET ADDRESS <t< th=""><th>I, Pursuant t</th><th>to the provisions of Se</th><th>ections 607.0502 and 60</th><th>7.1508, Florida Statu</th><th></th><th>rporation submits this statement for the</th><th></th><th></th></t<>	I, Pursuant t	to the provisions of Se	ections 607.0502 and 60	7.1508, Florida Statu		rporation submits this statement for the		
T989 Ś W 19TH AVE       13 STRET ADDRESS         Y-S1-ZP       14 CITY-S1-ZP         LE       DELETE         21 TITLE       Change         Additio         WE       23 STRET ADDRESS         Y-S1-ZP       24 CITY-ST-ZP         LE       DELETE         23 STRET ADDRESS         Y-S1-ZP       2.4 CITY-ST-ZP         LE       DELETE         33 STRET ADDRESS         Y-S1-ZP       2.4 CITY-ST-ZP         LE       DELETE         S1 STRET ADDRESS         Y-S1-ZP       2.4 CITY-ST-ZP         LE       DELETE         S1 STRET ADDRESS         Y-S1-ZP       2.4 CITY-ST-ZP         LE       DELETE         ALCITY-ST-ZP         LE       DELETE         4.1 TITLE       Change         AS STRET ADDRESS         Y-S1-ZP       4.1 TITLE         LE       DELETE         4.3 STRET ADDRESS         Y-S1-ZP       4.4 CITY-ST-ZP         V-S1-ZP       5.4 CITY-ST-ZP         V-S1-ZP       5.4 CITY-ST-ZP         V-S1-ZP       5.4 CITY-ST-ZP         V-S1-ZP       5.4 CITY-ST-ZP         V-S1-Z	GNATURE	Signature: Typed or printed na	vice of registered sgeen and the f	applicatie (NO	Ites, the above-named co authorized by the corpor lorida Statutes. TE Registered Agent signature reg	uired when rainstating)	PL	gistered listered
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EEI ADDRESS Y-ST-7IP - I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the	GNATURE L L ME ME NEET ADDRESS Y - ST - ZIP LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME LE ME	PS PEREZ, AIDA C 1989 S W 19TH /	vice of registered sigen and the F OFFICE RS AND DIREC	appleater (NO TORS	Ites, the above-named co authorized by the corpor forida Statutes. TE Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	uired when rainstating)		Addition
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