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: CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

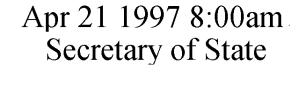
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400056428 (3)

CIAC, INC.

Prin	cipai	Place	of Business	
7270	N.W.	12TH	ST.	



FILED



Principal Place of Business Mailing Address							T TREATED THE SEAL BLOW ADDIT BRITE BAIL BAIL BAIL BAIL BAIL BAIL BAIL BAIL				
7270 N.W. 12TH	4 ST	7270 N.W. 12TH ST.									
#560	_	#560									
MIAMI FL 33126		MIAMI FL 33126-1927	MIAMI FL 33126-1827								
					1	 Date Incorporated or Qualified 07/29/1994 	fied 3a. Date of Last Report 04/19/1996				
9 Principal Pi	lace of Business	2a. Mailing Address			_,		4. FEI Number]		oplied For	
21	100 St 200 mood	26				65-0508272 Not Applicable					
Sulte, Apt.	#, elc.	Suite, Apt. #, etc.				SR 75 Additional					
22		27			'	5. Certificate of Status Desired			equired		
City & State		City & State			•	6. Election Campaign Financing \$5.00 May Be					
23		28	28				Trust Fund Contribution				
Zip	Country	7 ip Country				8. This corporation has liability for intangible tax under s. 199.032,					
24	25	29	30					Yes [
	9. Name and Address of Current	Registered Agent		81		10	0. Name and Address of New Re	gistered	Agent		
	AREZ, CESAR			61	Name						
	N.W. 12TH ST.			82 Street Addre			(P.O. Box Number is Not Acceptate	ole)			
#58 (
MIAN	AI FL 33126			63						•	
				84	City			FL	85 Zip	Code	
11. Pursuant l	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	es, the at	Ll	-named co	orporat	ion submits this statement for the p		f changing i	ts registered	
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the Stale c m familiar with, and accept the obligat	f Florida Such change was a ions of, Section 607.0505, Flo	authorized brida Stat	d by utes	the corpor	ration's	s board of directors. I hereby acce	ot the app	ointment as	registered	
SIGNATURE	Signature, typed or printed name of registered egent	The state of the s			ril signature req	autrad vit	on reinest times	DATE			
12,	OFFICERS AND		13.	J Age	ili sig lature req	equileu wi	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TITLE	PSD	DELFTE	1.110	1. F	Г.	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,		Change	Addition	
NAME	ALVAREZ, CESAR		12 N/	\ME	Ì						
STREET ADDRESS	% 7270 N.W. 12TH ST. #560		1.3 ST	REET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33128		1.4 CF	1Y-\$1	1-ZIP						
TITLE	VO	DELETE	2.1 TI						Change	Addition	
NAME	GARCIA, MANUEL	1	22 N4	AME							
STREET ADDRESS	% 7270 N.W. 12TH ST. #560		2.3 ST	RELI	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33126		2.4 C	ITY-S	iT - ZIP						
TITLE		DELETE	3 1 TF	ILF					Change	Addition	
NAME			3.2 N/	AME							
STREET ADDRESS			3.3 S1	REE1	ADDRESS						
CITY-ST-ZIP			3.4. C	11Y - S	51 - ZIP						
TITLE	•	☐ DELÉTE	4.1 TE	TLE					Change	☐ Addition	
NAME			4. 2 N	AME			•				
STREET ADDRESS			4.3 ST	REET	ADDRESS						
CITY-ST-ZIP			4.4 CI	IY-S	T-ZIP						
TITLE		DELETE	5.1 TI						L Change	☐ Addition	
NAME			5.2 N		1						
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			5 4 CI		1 - ZIP						
TITLE		DELETE	6.1 11						Change	Addition	
NAME			6.2 NA								
STREET ADDRESS					ADDRESS		•				
CITY-ST-ZIP	Zant. deat the factor and the factor	arith this filling along and constitution	6.4 CI	1Y - S	1-7IP	lod in S	Conting 110 07/93/0 Florido Ctatuta	n I foretha	r cortifu that	tho	
14. I do nerei	by dertify that the information supplied	with this tilling does not qualit	iy lor trië:	exe	mpuon stat	rea w s	Section i reluziositis, monda Statute	s. Hunne	a ceriny inat	HIC	

information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of an an attachment with an address.