SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000061513 (5)

ONTILE OERTEN, INO.				
Principal Place of Business	Mailing Address			
782 NW LEJEUNE RD SUITE 555 MIAMI FL 33128	782 NW LEJEUNE RD SUITE 555 MIAMI FL 33128			

FILED Sep 19 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						1 100/100#1 110 100H1 010H1 80HH 02HH1 0				
782 NW LEJEUNE RD SUITE 555 782 NW LEJEUNI MIAMI FL 33128 MIAMI FL 33128			NE RD SUITE 555			DO NOT WRITE IN THIS SPACE				
			l			3. Date Incorporated or Qualified 3a. Date of Last Report			rt	
<u> </u>						08/19/1994 4. FEI Number	<u> </u>	900		
	lace of Business	2a. Mailing Address				4. FEI Number		Applie	d For	
21		[26]	 			UU UUE001U			oplicable	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired		. 75 Addi ee Requir		
City & Stat	e 	City & State	City & State			Election Campaign Financing Trust Fund Contribution		.00 May		
լ Հայ	Country	ountry Zip Co						ible		
24	25 29 30				Personal Property Tax due June 30. Yes No					
	9. Name and Address of	Current Registered Agent		541		10. Name and Address of New Re	gistered Agent			
	vaghten, Juan T			81 Name	;]	
2665 S BAYSHORE DR SUITE 1100				82 Street	Addres	s (P.O. Box Number is Not Acceptable)				
	MI FL			B3			***************************************			
				B4 City			FL 85	Zip Codi	e	
11. Pursuant office or r	to the provisions of Sections 6	07.0502 and 607.1508, Florida State	utes, the at	ove-named	d corpor	ration submits this statement for the p	urpose of chang	ing its re	gistered	
ayent. i a	m familiar with, and accept the	obligations of, Section 607.0505, I	Iorida Stat	ites.	porano	To board of allouisto. Thoroby good,	л по арропило	ii us rogi	Jake Pad	
SIGNATURE	Signature, typed or printed name of regist	eved agent and title if applicable (No.	OTF Florislerer	Anent signaliu	re required	when reinstating)	DATE			
12.		RS AND DIRECTORS	13.	- igani o gnoto	o required	ADDITIONS/CHANGES TO OFFICE		TORS IN	J 12	
TITLE	D	DELETE	1,1 11	LE	T		☐ Cha		Addition	
NAME	CABRERA, ANTONIO J		1.2 NA	ME						
STREET ADDRESS	782 NW LEJEUNE RD S	UITE 555	1.3 ST	REET ADDRESS					İ	
CITY-ST-ZIP	MIAMI FL 33128		1.4 CI	Y-ST-ZIP					[
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NAME			6.2 NA							
STREET ADDRESS				EET ADDRESS					j	
CITY-ST-ZIP				Y-ST-ZIP	1					

14. 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 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, or on an attactment with an address.