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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

P94000061994 (7) DOCUMENT #

HOLINGTON, INC.

## **FILED** May 13 1997 8:00am Secretary of State



Principal Place of Bi	usiness	Ma	ailing Address				1							
3701 N.W. SOUTH RI MIAMI FL 33142	VER DR.		01 N.W. SOUTH RIVER AMI FL 33142-6224	DR.										
								3. Date Incorporated or Qualified					oport	
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		L		T	Ap	plied For
21		26						65-0567	733				No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired See Required						
22 City R State		27	City 9 Ctata											
City & State			City & State						mpaign Financi Contribution	ing r	٦-			May Be o Fees
<b>23</b> Zip	Country	28	Zip	T Cou	intrv				contribution ation has liability	u for inte	nd Sociales			
24	25	29		30				Florida Stat		y ior irite ۱ []		No	JULS.	189.032,
	Name and Address of Current		tered Agent				1		Address of Ne	w Regis	tered A	igent		
PARRA, F	PEDRO				81	Name								
3701 N.W	/. South river dr.				82	Street	Address	(P.O. Box Nun	nber is Not Acce	eptable)				
MIAMI FL	. 33142							· · · · · · · · · · · · · · · · · · ·						
					83									
					84	City						85	Zip C	Code
			mananca (ar ang		ļI						FL	ĻĻ		
11. Pursuant to the office or registe	provisions of Sections 607.0502 ored agent, or both, in the State of niliar with, and accept the obligat	and 6 Florid	i07.1508, Florida Statui da. Such change was	tes, the a authorize	bove d by	e-named the corp	d corpora (poration):	tion submits th s board of dire	is statement for ctors. I hereby a	the purp accept t	nose of he appo	chang pintmer	ing its nt as	s registered registered
agent. I am fam	niliar with, and accept the obligat	ions of	f, Section 607.0505, Ft	orida Sta	tutes	š			_	,				•
SIGNATURE	re, typed or printed name of registered agent			i Complete			a sea dead and	hon reinstating)			DATE			
12.	OFFICERS AND			13.	O Ago	in a griandie	e required wi		CHANGES TO			DIREC	CTOP	RS IN 12
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	)1 N.W. SOUTH RIVER DR.			1.3 S	I RE E 1	ADDRESS	270	SI Sme	xerto P Hr Rive BBI42	5 70	<del>-</del> `			
CITY-ST-ZIP MLA	VMI FL 33142		•	14 C	IIY-S	I · ZiP	MIA	mi Fi	611166	_				
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NAME				2.2 N	AME									
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						ADDUCCE	1							
STREET ADDRESS						ADDRESS	ļ							
CITY-ST-ZIP	<u> </u>		DELETE	5.4 C 6.1 Ti		T-21F	<del> </del>					Cha	ange	Addition
NAME				6.2 N										
]						ADDRESS								
STREET ADDRESS		/				1-21P								
CITY-ST-ZIP 14. I do hereby cer	rlify that the information supplied	with th	his filing does not qual				stated in	Section 119.07	(3)(i). Florida St	tatutes.	further	certify	that	the

in a specific to a gramp for the exemption stated in section (19 oz/(3)(1) Frontal Statutes. I further certify that the prental artifular report is true and accurate and that my signature shall have the same legal effect as if made under oath; that iceive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name a address.