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 # P94000062957 (3)

APPROVED AND FILED

1997 SEP 26 PH 4: 22

SECRETARY OF STATE TALLAHASSEE. FLORIDA

	FT MODIFICATIONS & ET														
Principal Place	e of Business	Mai	ling Address				ļ				**** *****			#1 19#1	
4471 N.W. 36TH ST			4471 N.W. 36TH ST					!							
Suite 231 Miami Fl 33166			SUITE 231 Miami Fl 33166					DO NOT WRITE IN THIS SPACE							
		******					T	3. Date Incorp				ate of Last	Repo	ort	\neg
								08/25/19			1	/14/199			- [
2. Principal Pl	ace of Business	2a.	2a. Mailing Address					4. FEI Numbe		5AL	14674			ed For	-
21			26					APPL IE	D FOR	- -∽2	14 674	'	Not A	pplicabl	е
Suite, Apt. #, etc.			Suite, Apt. #, etc.								X	\$8.75	Add	itional	
22			27					Certificate of	oi sialus De	siieu	ZŲ	Fee	Requi	red	
City & State			City & State					6. Election Ca	mpaign Fina	incing	_	\$5.0	0 ма	у Ве	
23		28						Trust Fund	Contribution			Adde	d to F	005	
Zip	Country	h	Zip	Cou	ntry	,	•	8. This corpor		•		'			
24	25	[29]		30					operty Tax o				ЦΝ	lo	4
	g, Name and Address of Curr	ent Hegiste	erea Agent		81	Name		0. Name and	Address of	New H	egistered	Agent			\dashv
	NDRI, DAVID M				01	Name	J								ŀ
	1 N.W. 36TH ST.,				82	Streat	Address	(P.O. Box Nun	nber is Not	ccepta	ble)				٦
	TE 231				83										4
MIA	MI FL 33166				5 3			:							
					84	City		1 .			FL	85 Zi)	p Cod	ie	٦
SIGNATURE	to the provisions of Sections 607.0 egistered agent, or both, in the Stammamiliar with, and accept the object.	<i>'</i>	DAVID M. SAM	oai				tion submits th s board of dire	is statement ctors. I here	for the population for the popul	purpose of the app		its re s reg	egistered istered	ī
12.	Signature, typod or printed name of registered in OFFICERS A			13.) Age	an signatur	re requied w	ADDITIONS/	CHANGEST	O OFFI	CERS AN	DIRECTO	DRS IN	N 12	┦╘
TITLE	PD	JALY ENTILLE	DELETE	1.1 70	LE.		Т	ADDITIONS	OI MICEO I	0 0///	OLIIO KIII	Change		Addition	<u>-</u> ₹
NAME	MERCADO, JULIO A			1,2 N/										_	
STREET ADDRESS	4471 N.W. 36TH ST., STE. 2	31				ADDRESS									
CITY-ST-ZIP	MIAMI FL 33166	•		1.4 CI											
TITLE	VO		DELETE	2.1 11			1	:	-		·	Change		Additio	<u>، ا</u> ر
NAME	SANDRI, DAVID M		2		2.2 NAME			6	OOO	D2:	308	766	<u> </u>	- 5	
STREET ADDRESS	4494 81144 64711 67 697 664				2 3 STREET ADDRESS			60002308766 -10/01/970107500; ****558,75 ****558,						5	≥
CITY-ST-ZIP	MIAMI FL 33166			2 4 0	TY- 5	ST - ZIP		•	*	株本もと	8.75	未未来	558	. 75	
TITLE			DELETE	3.1 10	LE		1	,				☐ Change	,	Additio	n]
NAME				3.2 NA	ME										
STREET ADDRESS				3.3 \$1	REET	ADDRESS									
CITY-ST-ZIF				3.4. C	TY-8	ST-ZIP									╛
TITLE			DELETE	4.1 TIT	LE			,				Change		Addition	n _
NAME				4. 2 N	AME		1	•							Ì
STREET ADDRESS				4.3 ST	REET	ADDRESS									
CITY-ST-ZIP				4 4 Ci	IY-S	T · ZIP									
TITLE			☐ DELETE	5.1 111	LF							☐ Change		Addition	n
NAME				5.2 NA	ME			:							
STREET ADDRESS				5.3 S1	REE1	ADDRESS									
CITY-ST-ZIP				5.4 CI		1 - ZIP	<u> </u>	······································					<u> </u>	-	_
TITLE			☐ DFL€ TE	6.1 TIT	118							☐ Change	ΔV_{\perp}	J Addijio	l I
NAME				6.2 NA								Λĺ	Zin	Le 17	r
STREET ADDRESS				6.3 ST	REET	ADDRESS						"	W)	アリ	
CITY-ST-ZIP				64 CF	IY-S	T-ZIP	.l						'		

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 angular populative and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted expowered 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 affactment with an address.