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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P94000 HOPERTY CORP.	0065084 (3)							
Principal Place of Business		Mailing Address				- -	II BBUIB BIIBI S	46	
1916 BAY ROAD MIAMI BEACH FL 83139		1916 BAY ROAD MIAMI BEACH FL 33139-1418							
						3. Date Incorporated or Qualified 09/02/1994		e of Last F 5/1996	leport
2. Principal Place of Business		2a. Mailing Address			-				oplied For
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				¢0 76			ot Applicable
22		27				5. Certificate of Status Desired		,	Additional equired
City & State		City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added	
Zip 24	Country	Zip 29	Country 30	'		8. This corporation has liability for Florida Statutes	intangible t Yes		. 199.032,
24	9. Name and Address of Currer		30]			10. Name and Address of New Re			
LEVI	NSON, EDWARD E		81	Name				-	
	LINCOLN ROAD, PH-SE		82 Street Addre			ss (P.O. Box Number is Not Accepta	ble)		
MIAI	MI BEACH FL 33139		83						
			. [T	
			84	City			FL	85 Zip	Code
office or n agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig- signature, typed or printed name of registered age	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized by Irida Statutes Begistered Age	the corp s.	poratio	ration submits this statement for the in's board of directors. I hereby acce	pl the appo	intment as	registored
12.	OFFICERS AN	DELETE	1.1 TITLE			ADDITIONS/CHANGES TO OFFICE		DIRECTOR Change	RS IN 12 Addition
NAME	GONZALEZ, EDWIN F	Viteri	1.2 NAME		-	etor Juarbe	L	Change	AUGIIION
STREET ADDRESS	1916 BAY RD.		1.3 STREET ADDRESS		19	16 Bay Axad			
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP			iami Becich, Fi	_ 38	1313 J	
TOTLE	DS FFOTA MARK	DELETE	2.1 TITLE		l		[Change	Addition
NAME STREET ADDRESS	FESTA, MARK 1916 BAY RD.		2.2 NAME 2.3 STREET ADDRESS		<u> </u>				
CITY-ST-ZIP	MIAMI BEACH FL 33139		2.4 CITY - 9						
TITLE		☐ DELETE	3.1 TITLE		t			Change	Addition
NAME			32 NAME						
STREET ADDRESS			3.3 STREET						
CITY-ST-ZIP		T nei ere	3.4. City - \$1 - ZIP 4.1 Title		 -		······································	Change	Addition
TITLE NAME		☐ DELETE	4.1 OILE 4. 2 NAME		1		L	Change	☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS						
CITY - ST - ZIP	l		4.4 City - St - ZIP						
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME		1				
STREET ADDRESS			5.3 STREET						
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-ST-ZIP 6.1 TITLE			<u> </u>		Change	. Addition
NAME		- Vertire	6.2 NAME				L	change	ridolpoli
STREET ADDRESS			6.3 STREET	ADDRESS					
0/7/4 AT 7/10			0.4.000		ì				

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 suppliemental 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 attachment with an address.

FILED

May 08 1997 8:00am

Secretary of State