## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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1.	Corporation Name		•	• • •			. •	•	•	١

•	Corporation Name		
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3191 CORAL WAY STE 115 MIAMI FL 33145 US  2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State  City & State  Zip Country  3191 CORAL WAY STE 115 MIAMI FL 33145 US  3. Date Incorporated or Qualified 09/15/1994 04/11/1995  4. FEI Number 65-0521430 Applied For Not Applicable Fee Required  \$8.75 Additional Fee Required  \$5.00 May Be Added to Fees	MINATURES CONFORMION							ļ						
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2. Process Place of Business	;	STE 115 Miami FL 33				STE 115 MIAMI FL 33145						<b></b>		
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Suite, April 4, etc.    Suite, April 4, etc.   Suite, April 4, etc.   Suite, April 4, etc.   Suite, April 4, etc.   Suite, April 5, etc.   Suite, April 4, etc.	21				-	. Mailing Address				4. 1				<del>- + - : </del>
20	22				27	Suite, Apt. #, etc.				5. (	Certificate of Status Desired			75 Additional
Zip Country 2p Country 2p Country 2p Country 2p Country 2p Country 2p Sol	23	City & State			28	City & State				- 1				
ARAZOZA, CARLOS F 101 IMADERA AVE. CORAL GABLES FL 33134  80   Street Address Pr.O. Box Number is Not Acceptable)  81   Name  82   Street Address Pr.O. Box Number is Not Acceptable)  83   Chry   FL   85   Zp Code  84   Chry   FL   85   Zp Code  85   Zp Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fonds Statutes, the above named corporation submits this statement for the purpose of changing as registered agent. J am all accept the displaces of Sections Behaviors  86   Chry   FL   85   Zp Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fonds Statutes, the above named corporation submits this statement for the purpose of changing as registered agent. J am all accept the displaces of Section 207,0502, Fonds Statutes, the above named corporation submits this statement for the purpose of changing as registered agent. J am all accept the displaces of Section 207,0502, Fonds Statutes, the above named corporation submits this statement for the purpose of changing as registered agent. J am all accepts the displaces of Section 207,0502, Fonds Statutes, the above named corporation submits this statement for the purpose of changing as registered affects. I am all accepts the displaces of Section 207,0502, Fonds Statutes, the above named corporation submits this statement for the purpose of changing as registered affects. I am all accepts the displaces of Section 207,0502, Fonds Statutes, the above named corporation submits this statement for the purpose of changing as registered affects. I am all accepts the displaces of Section 207,0502, Fonds Statutes, the above named corporation submits this statement for the purpose of changing as registered affects. I am all accepts the decision. I am all accepts the decision of the corporation's board of directors. I hereby accept the corporation's board of directors. I hereb	24	Zφ		¬ '	29	Zip	<b>├</b> ──	ry		8.	This corporation has liability for			
ARAZOZA, CARLOS F 101 MADEIRA AVE. CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  11. Paraumit to the provisions of Switters 607 (6500 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office families with and accept the obligations of, Section 07560, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office families with and accept the obligations of, Section 07560, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office families with and accept the obligations of, Section 07560, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office families with and accept the obligations of, Section 07560, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office families.  In the statement of purpose of changing its registered office families.  In the statement for the purpose of changing its registered office families.  In the statement for the purpose of changing its registered office families.  In the statement for the purpose of changing its registered office families.  In the statement for the purpose of changing its registered office families.  In the statement for the purpose of changing its registered office families.  In the statement for the purpose of changing its registered office families.  In the statement for the purpose of changing its registered office families.  In the statement for the purpose of changing its registered office families.  In the statement for the purpose of changing its registered office.  In the statement for the purpose of changing its registered office families.  In the statement for the purpose of changing its registered office.  In the statement for the purpose of changing its registered office.  In the statement for the purpose of ch			9. Name	and Address of Current		tered Agent	1001						d Agont	
101 MADEIRA AVE.  CORAL GABLES FL 33134  84  City  FL  85  City  FL  85  Zip Code  11. Pursuant to the provisions of Sections 607 6502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607 6505, Florida Statutes, the above-named corporation's bload of directors. I horizoby accept the appointment as registered office familiar with, and accept the obligations of, Section 607 6505, Florida Statutes  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  MONTADAS, PETER  3191 CORAL WAY STE 115  INLE  SD  ORLETE  31 TINE  SD  ORLETE  31 TINE  22 NAME  3191 CORAL WAY STE 115  MAMI FL  TO  ORLETE  31 TINE  TO  ORLETE  31 TINE  32 NAME  33 STREET ADDRESS  ACCITY-S1-2P  MAMI FL  ORLETE  41 TINE  VPD  ORLETE  41 TINE  VPD  ORLETE  51 TINE  33 STREET ADDRESS  ACCITY-S1-2P  MAMI FL  ORLETE  51 TINE  52 NAME  33 STREET ADDRESS  ACCITY-S1-2P  MAMI FL  ORLETE  51 TINE  52 NAME  33 STREET ADDRESS  ACCITY-S1-2P  MAMI FL  ORLETE  51 TINE  52 NAME  33 STREET ADDRESS  ACCITY-S1-2P  MAMI FL  ORLETE  51 TINE  52 NAME  33 STREET ADDRESS  ACCITY-S1-2P  MAMI FL  ORLETE  51 TINE  52 NAME  53 STREET ADDRESS  MAMI FL  ORLETE  51 TINE  52 NAME  53 STREET ADDRESS  MAMI FL  ORLETE  51 TINE  52 NAME  53 STREET ADDRESS  MAMI FL  ORLETE  51 TINE  52 NAME  53 STREET ADDRESS  MAMI FL  ORLETE  51 TINE  52 NAME  53 STREET ADDRESS  MAMI FL  ORLETE  54 CITY-S1-2P  ACCITY-S1-2P  ACCIT			7,712				8	1	Name	10.	THE PROPERTY OF THE WAY	e Alsteie	u Agent	
CORAL GABLES FL 33134    63							8	2	Street Add	ddress (P.C	). Box Number is Not Acceptab	le)	<del></del>	<del></del>
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office familier within and accept the obligations of Section 607.0502, honde Statutes.  SIGNATURE  Spritch, byers or previous certification and the instruction of the corporation is board of directors. I horoby accept the appointment as registered office familier within and accept the obligations of Section 607.0502, honde Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. Init.  PD							8	3			· · · · · · · · · · · · · · · · · · ·		<del></del>	
TI. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes the above-named corporation submits this statement for the purpose of changing its registered affice familiar with and accept the obligations of Section 607.0502, horida Statutes  SIGNATURE  Sprinke, byed or previous merital appetent a								_						
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Statuties, the above-hanned corporation's buthers this statement for the purpose of changing its registered office for registered apent, or both, in the State of Fiorida. Such change was unformed by the corporation's board of directors. I hereby accept the appointment as registered agent. I am in a complete obligations of, Section 607,0506, Fiorida Statutes.  SIGNATURE  SIGNATURE  12.								-				F		•
Signature   Sign	11,	Pursuant to or registere familiar with	othe provision and agent, or the and agent	ons of Sections 607.0502 a both, in the State of Florida at the obligations of, Section	nd 60 Suct 1 607.	7.1508, Florida Statuti i change was authoriz 0505, Florida Statutes	es, the above ed by the cor	-na	amed corpo pration's bo	poration sul pard of dire	bmits this statement for the pur actors. I hereby accept the appo		hanging its as registere	s registered office ad agent. I am
12.	SIG	NATURE												
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SIGNATURE:

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is hanged, or on an attachment with an address.

GNATURE:

| Signature and Type or Printed Ame of Signing Officer or placeton. | Date |

3 OS-253-5832