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

**PROFIT** CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## POCUMENT # **P9400083588** (1)

**UK AND U CORPORATION** 

Principal Place of Business 17730 S.W. 175 ST		Mailing Address 17730 S.W. 175 ST			BBISI OBIBI ERIBA (IIDI DIJA) (AIBI SRI: IADI	
MIAMI FL 9311 US		MIAMI FL 33187-1604 US				
00		00			3. Date Incorporated or Qualific	ed 3a. Date of Last Report
					11/16/1994	06/15/1996
<del>ruin</del> , ·		2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0533954	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing		
23		28		Trust Fund Contribution	Added to Fees	
	Zip Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,	
24	25 9. Name and Address of Curre	29	30		Florida Statutes  10. Name and Address of New	Yes No
FUS	STAQUIO, ULISES A		81	Name	To. Name and Address of New	negistered Agent
	30 S.W. 175 ST.					
	MI FL 33187		82	Street Add	dress (P.O. Box Number is Not Accep	otable)
			83			
Y			84	City		85 Zip Code
77 6				1 -		
w office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statu i of Florida. Such change was	ites, the abov authorized b	e-named cor y the corpora	rporation submits this statement for thation's board of directors. I hereby ac	e purpose of changing its registered cept the appointment as registered
ayent i a	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statute	s.		
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable (NO	OTE Flooistered Ac	ent signature rec.	uired whon reinstaling)	DAIL
12.	OFFICERS AN		13.	KAN a gribitate requ		FICERS AND DIRECTORS IN 12
TITLE	DPT	DELETE	1.1 TITLE			Change Addition
NAME			1.2 NAME			
STREET ADDRESS	17730 S.W. 175 ST.		1.3 STREET ADDRESS			
CITY-ST-ZIP			1.4 CITY -	S1- ZIP		
TITLE	DVS Eustaquio, Kattya C	L. DELETE	2.1 TITLE			L Change L Addition
NAME .	17730 SW 175 ST	2.2 N				
STREET ADDRESS CITY-ST-ZIP	MIAMI FL			1 ADDHESS		
TITLE	2.41		2. 4 CITY- 3.1 TITLE	\$1-211		Change Addition
NAME			3.2 NAME			L. Change L. Audition
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			34 CITY-	1		
TITLE		DELETE	4.1 THILE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS	DDRESS 4.3		4.3 STREE	F ADDRESS	•	
CITY-ST-ZIP			4.4 Dri Y - 1	ST-ZIP		
TITLE	DELETE 5171		51 TITLE	-		Change Addition
NAME	·		5.2 NAME			Mr Ilan
STREET ADDRESS			5.3 STREE	I ADDRESS		410/1/91
OTY-ST-ZIP		0.000	5.4 CITY - 1	S1 - ZiP	- · · · · · · · · · · · · · · · · · · ·	107"
TITLE		☐ DELETE	6.1 TITLE		2000024	Change Addition
NAME			6.2 NAME		3000021 -05/06/9701	019060
STREET ADDRESS			6.3 S1REE	ADDRESS	00/00/01 """01	010 000

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 attachment with an address.

\*\*\*165.00