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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 02 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000085581 (4)

A TOUCH OF CLASS INT'L CORP.

Principal Place of Business  606 NW 57 AVE MIAMI FL 33126 US  2. Principal Place of Business  2. Principal Place of Business  2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  2. City & State  2. City & State  2. City & State  2. Principal Place of Business  2. Mailing Act.  2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  2. City & State  2. City & State  2. Raimundo, Levi C LOPEZ Levi & ASSOCIATES, PA	ENUE 6-4815 ddress	T Cour		3. Date Incorporated or Qualified 11/23/1994 4. FEI Number 65-0537342 5. Certificate of Status Desired	3a. Date of Last F 05/01/1996 AI No. \$8.75	pplied For ot Applicable
##AMI FL 33126 US  2. Principal Place of Business 21 22 21 22 22 27 City & State 28 21 29 29 29 RAIMUNDO, LEVI C	64815 ddress . #, etc.	T Cour		11/23/1994 4. FET Number 65-0537342 5. Certificate of Status Desired	05/01/1996 AI NO \$8.75	pplied For ot Applicable
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27	te .	T Cour	·		1 1 4	
City & State City & State  23		Т Солг	·		Fee Ri	equired
Zip Country Zip  24 25 29  9, Name and Address of Current Registered Agen  RAIMUNDO, LEVI C		Т Солг		6. Election Campaign Financing		May Be
24 25 29  9, Name and Address of Current Registered Agen RAIMUNDO, LEVI C		Cour		Trust Fund Contribution		to Fees
g, Name and Address of Current Registered Agen RAIMUNDO, LEVI C		F- ""	ntry	8. This corporation has liability for i		. 199.032,
RAIMUNDO, LEVI C		30			Yes No	
			81 Name	10. Name and Address of New Re	gistered Agent	
			Name			
			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)	
815 NW 57TH AVE #304		-  -	83			
MIAMI FL 33128						
			84 City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flo office or registered agent, or both, in the State of Florida. Such ch	orida Statu jange was	rtes, the ab	ove-named cor by the coroora	poration submits this statement for the p		ls registered
agent. I am familiar with, and accept the obligations of, Section 6	07.0505, F	torida Statu	ites.	more board of emotions. The lossy doosy	a mo appendion do	Trigital Cited
SIGNATURE						
Signature, typed or printed name of registers diagram and title if applicable  12. OFFICERS AND DIRECTORS	(NO	II. Registered	Agent signature requ	ired when reinstaing) ADDITIONS/CHANGES TO OFFICE	DATE	20 1/1 20
	DELETE	1.1 1/1	IF T	ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME MARTINEZ, DILIA B M		1.2 NA	ĺ		- viango	
STREET ADDRESS 9375 FONTAINBLEAU BLVD SUITE L229			REET ADDRESS			
CITY-ST-ZIP MIAMI FL			Y-S1-7IP			
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NAME	, DECEME	5.2 NAI	i		Change	LJ AQUAIO I
STREET ADDRESS			REE1 ADDRESS			
CITY-\$1-ZIP			Y-S1-ZIP			
	DELETE	6170			☐ Change	Addition
NAME		62 NAI				
STREET ADDRESS			TEFT ADDRESS			
CITY-ST-ZIP		ď	Y-S1-ZIP			
14. I do hereby certify that the information supplied with this filing doc information indicated on this annual report or supplemental apnual	os not qual	lify for the o	exemption state	d in Section 119.07(3)(i), Florida Statuto	s. I further certify that	the