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

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400092776 (1)
ADICO. INC.

Principal Place of Business	Mailing Address	L 10 01 10 61 110 10 111
1407 CORAL WAY MIAMI FL 33145	1407 CORAL WAY MIAMI FL 33145-2874	
		3 Date Incorporat

## **FILED** Apr 25 1997 8:00am Secretary of State

AUICU,	ING.				
Principal Place	e of Business	Mailing Address			I BOUR INIKA NUNU NUNU NUNU NUNU BEN IBBN
1407 CORAL W MIAMI FL 3314		1407 CORAL WAY MIAMI FL 33145-2874			
				3. Date Incorporated or Qualified 12/23/1994	3a. Date of Last Report 05/01/1996
2. Principal Pl	lace of Business	2a. Mailing Address 26		4. FE! Number 65-0542624	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution  8. This corporation has liability for it	Added to Fees ntangible tax under s. 199.032,
24	25 Addison of Common	29	30		]Yes ☐ No
MAS	9. Name and Address of Currer YTINEZ-CID, RICARDO	it Hegistered Agent	81 Name <i>f</i>	\ \ \	gistered Agent
	OCRAL WAY		1 11	Paul Diaz	
	TE 510			ress (P.O. Box Number is Not Acceptab	ile)
	MI FL 33145		83	107 Coral Way	
ININA	12 00140				
			84 City N	Niami,	FL 85 Zip Code 33145
11. Pursuant office or re	to the provisions of Sections 607.050 egistered egent, or both at the State	2 and 607.1508, Florida Statu of Florida. Such change was	ites, the above-named cor authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby acceptation	urpose of changing its registered of the appointment as registered
SIGNATURE	$-1/\Delta$	NUT			
12,	Signature, typed or printed have of reur cred age OFFICERS AN		TE: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	DP OF TOUR AND	DELETE	1.1 701LE	ADDITIONS/GITAINGES TO GITTE	Change Addition
NÁME	DIAZ ASPER, PAULINO D	<del>_</del> .	1.2 NAME		_ • •
STREET ADDRESS	1407 CORAL WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY- ST-ZIP		
TITLE	DVP	DELETE	2.1 TUTLE		☐ Change ☐ Addition
NAME	<b>DIAZ ASPER, ODALYS P</b>		2.2 NAME		
STREET ADDRESS	1407 CORAL WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3,3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3,4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME	p.		4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	8.1 TINLE		Change Addition
NAME		4	6.2 NAME		• –
STREET ADDRESS		( ) \	6.3 STREET ADDRESS		
CITY-ST-ZIP		1/ \	6.4 CHY-ST-2IP		
	by certify that the information supplie	d wit this filing does not qua		ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	s. I further certify that the
l am an o	flicer or director of the corporation of	rappremental annual report is The receiver or trustee embo	irue and accurate and tha wered to execute this repo	at my signature snait nave the same lega ort as required by Chapter 607. Florida S	пенест as я made under dath; that itafutes: and that my name

SIGNATURE: