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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500000584 (9)

MILLARES & COMPANY, P.A.

Mailing Address

FILED Apr 03 1997 8:00am Secretary of State



City & State Country 29	4649 PONCE DE LEON BLVD. CORAL GABLES FL 33146			4649 PONCE DE LEON BLVD. CORAL GABLES FL 33146-2114				
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201 S. BISCAYNE BLVD. 1800 MIAMI CENTER MAMI FL 33131 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Fursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of partyring its registered agent. I maintain with, and accept the obligations of, Section 607 0505, Florida Statutes 85 SIGNATURE 87 STATE ADDRESS 88 Street Address (P.O. Box Number is Not Acceptable) 89 City States and Company of the State of Recipions of Section 607 0505, Florida Statutes 80 STATES and Company of the State of Recipions of Section 607 0505, Florida Statutes 88 Street Address (P.O. Box Number is Not Acceptable) 89 City States and Company of the State of Recipions of Section 607 0505, Florida Statutes 89 Street Address (P.O. Box Number is Not Acceptable) 89 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 80 Street Address (P.O. Box Number is Not Acceptable) 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City Street Address (P.O. Box Number is Not Acceptable) 85 Zip Code 86 Street Address (P.O. Box Number is Not Acceptable) 87 Zip Code 88 Street Address (P.O. Box Number is Not Acceptable) 88 Street Address (P.O. Box Number is Not Acceptable) 89 Zip Code 89 Zi			·····			10. Name and Address of New Reg	Istered Agent	
1800 MIAMI CENTER MAMI FL 33131 194 City FL 05 Zip Code 11. Pustant to the provisions of Scalarine 607 0002 and 007 1508. Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent of both in the State of Floride, Scalarine, the above-named corporation submits this statement for the purpose of changing its registered agent of read accept the obligations of Scalarine 607 0006, Florided Statutes, the above-named corporation's board of directors. I hereby accept the appointment is registered agent of appointment and accept the obligation of Statutes. NOTE Repaired Agent agents required when receiving DAYE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME 14. City St.76 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME 16. Change Addition 16. Change Addition 16. Change Addition 16. Change Addition 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME 16. Change Addition 16. Change Additio			IAMI	8	Name			
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The Pursuant to the provisions of Socions 607.0502 and 602.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Forida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Forida Statutes. SIGNATURE 12.	MIAN	WI PL 33131		0.	·]			
11. Pressuant to the provisions of Socions 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familian with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. DIRECTORS AND DIRECTORS IN 12. 15. OFFICERS AND DIRECTORS IN 12. 16. DIMILARES, MARIA R. 4649 PONCE DE LEON BLVD. 17. CORAL GABLES FL. 33148. 18. LA DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. MILLARES, MARIA R. 4649 PONCE DE LEON BLVD. 19. Change Addition NAME 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. MILLARES, MARIA R. 4649 PONCE DE LEON BLVD. 19. Change Addition NAME 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFF				84	City	,	FL 85 Zip	Code
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE						4	
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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