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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500003849 (3)

## **FILED** Mar 06 1997 8:00am Secretary of State

silvia m. Almeida, L.M.F.T., P.A.					
				A CORPURATION CONTRACTOR AND A SECOND	- 4 <b>44 14 4</b> 14 1 <b>4 1 14 14 14 14 14 14 14 1</b>
Principal Place	of Business	Mailing Address		n interedt iim ibidi niti.	'tet mitelin erent imter Seben ents emme
1550 MADRUGA	A AVE	1550 MADRUGA AVE			
SUITE 405 CORAL GABLES	S EL 33146	SUITE 405 CORAL GABLES FL 33146-3	019		
CONNE ONDEC	0 LF 20140	COURT GUDEEN IE SOUTH O	~10	3. Date Incorporated or Qualified	3a. Date of Last Report
				01/13/1995	09/23/1996
2. Principal Pt	ace of Business	2a, Mailing Address	Va Anux V	4. FEI Number 65-0551294	Applied For
21 /0 (	106   No Kendall Dr	26 10661 No 1	CEXACII WI	00 000 1294	Not Applicable  S8.75 Additional
22	miani	Suite, Apt. #, etc. 27 # 20	6 A	5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	Florida	28 man	Country	Trust Fund Contribution	Added to Fees
210 24 331		Zip 33/26	Country 30 USA	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,  Yes   No
24 // (	g. Name and Address of Curren			10. Name and Address of New Re	
ALMEIDA, SILVIA M 81 Name					
1550 MADDIGA AVE				ress (P.O. Box Number is Not Acceptate	(alc
SUIT	E 405		1	ress (i.e. box rumber is not recopial	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
COR	IAL GABLES FL 33146		83		<del>11  </del>
			84 City		85 Zip Code
44 Description	to the province of Satisfact 607 010	2 and 607 1609. Florida Statuto	o the above pamed core	paration submits this statement for the r	FL 20 2000
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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Gection 607.0505, Florida Statutes.					
	n: tamiliar with, and accept the obliga	itions of pection buy usus, Flor	ida Statutes.	~	125192
SIGNATURE	Signature two six printed name of regulared age		Registered Agent signature requi	red when reinstating)	DATE
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
TILE	D Almeida, silvia m	DELETE	1.1 TITLE		Change Addition
NAME	1550 MADRUGA AVE #405		1.2 NAME	10661 NO KRIJA	1/ br # 206A
STREET ADORESS	CORAL GABLES FL 33146		1.3 STREET ADDRESS	10661 NOKRIJA. Mami Ma. 3	3176.1550
CITY-SI-ZIP TITLE	001741 010420 1110	DELETE	21 TITLE		Change Addition
NAME:			22 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY-S1-ZIP			2. 4 CITY - ST - ZIP		
THLE		DELETÉ	3.1 TITLE		Change Addition
NAME.			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST ZIP			3.4. CITY-ST-ZIP		
TITLE		L DELETE	4.1 TITLE		Change L. Addition
NAME			4. 2 NAME		:
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-7IP		DELETE	4.4 CITY-ST-ZIP 5.1 HTLE		Change Addition
TITLE NAME		DECERT	5.2 NAME		First consider First conditions
NSML STREET ADDRESS			5.3 STREET ADDRESS		
l			5.4 CITY-ST-ZIP		
CITY - ST - ZIF		DELETE	6.1 TITLE		Change Addition
NAMé			6.2 NAME		-
STREET ADDRESS			6 3 STREET ADDRESS	•	
CHY-ST-ZIP			6.4 CITY+ST-ZIP		
h-44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Language of the state of the st	d with this films, dans and suglifi-		d in Section 110 07/3/(i) Florida Statute	o I further cortifu that the

Loo neceby certry 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 a attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DI