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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000008692 (2)

2. Principal Fisce of Business 1 Suite: Apt # et . 2 City & State	2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
Suite April # et . 2	h		01/30/1995	06/06/1996
Suite Apt # et.	[26]		4. FEI Number 65-0557286	Applied For
City 8 State	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State	27		5. Certificate of Status Desired	Fee Required
3	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zib Gountry	Ζιρ	Country	8. This corporation has liability for	
4 25		30	Florida Statutes	Yes No
9. Name and Address of Curre	int Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
NEGRINI, MIRTA A.				,and
2655 LE JEUNE ROAD SUITE 500		82 Street A	ddress (P.O. Box Number is Not Acceptab	ole)
CORAL GABLES FL 33134		83		
		84 City		85 Zip Code
11. Pursuant to the proverons of Sections 607.05 office or registered agent or both, in the Stat				FL
	JOHN AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12 Change Addition
TJHUN, LIE	C DELL'E	1.2 NAME		Change Inducer
SPIECLADDIECS 7839 NW 15TH ST		1.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
COVISION MIAMILEL	I brong	1 4 CITY-ST-ZIP	Miami, FL 33126	Channa Dadwin
TILE DV MAME GONCALVES, LEVI	[_] DELETE	21 TITLE	•	Change Addition
SIMPLE AFORDS 7839 NW 15TH ST		2.2 NAME 2.3 STREET ADDRESS		
CIT-S de MIAMI FL 33126		2. 4 CITY - ST - ZIP	·	.*
nge	DELETE	3 1 TITLE		Change Addition
V.v.		.32 NAME		
STREET ADDRAIN		3.3 STREET ADDRESS	·	
GUV 50 720 :	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAM:		4 2 NAME		El one igo
Stere Edition From		4.3 STREET ADDRESS		
005-81-36		-4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET AND FOLKS		53 STREET ADDRESS		
DEA - 20 CHA-	_ DELETE	5.4 CHY-ST-ZIP 6.1 TITLE		Change Addition
NAME		6.2 NAME		
SIREFT ACORESS		6.3 STREET ADDRESS		
CHY 53 70F		64 CITY-ST-ZIP		
14. Edo hereby cartly that the information suppli information and rated on this annual report or Lament officer or prector of the corporation appears in Brock 12 or Block 13 if changed,				

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 18 1997 8:00am

Secretary of State