FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	996	2.23-90	Secretary SiON (2000)	of State IBPOPIZ	168	d	_		
DOCUM	IENT # P950	0001365	8 (6)	.					
•) Piero North Ameri	CA, INC.							
Principal Place o	of Business	Mailing Addres	s				L HORIKADI DIN IDIDE DEME DOLAH DUNI	ÉBRN BOIRT HEOS HIN BIN	01 01101 18H 1001
2299 S.W. 37TH AVE.		2299 S.W. 37TH AVE.							
SUITE 2A Miami Fl. 33145		SUITE 2A Miami Fl 33145							
MIRMI PE SSI	•0	WINING FE O	,, 40				3. Date Incorporated or Qualified 02/16/1995	3a. Date of Last R	eport
2. Principal Plac	ce of Busness	2a. Mailing Add	fress				4. FEI Number 65-055796		Applied For Not Applicable
21 Suite, Apt. #.	etc	Suite, Apt.	#, etc.					\$8.75	Additional
22 SUITE		27 50, 18	_	00			5. Certificate of Status Desired	Fee	Required
City & State		City & State	€				Election Campaign Financing Trust Fund Contribution	1 1	May Be
23 Ziji	Country	28 Zip		Count	γ		This corporation has liability for it		
24	25	29		10				□ No	
	9. Name and Address of Cu	rrent Registered Agen	t	8	1 1		10. Name and Address of New R	egistered Agent	
		MAEA INIA		L		John	1 O'ROURKE 111		
	NATE CREATIONS ENTERPR	IISES INC.		В	2 Street A	Addres	S. W. 37+h An	16) L Sure	200
4521 PG SUITE 21				8				,	
	EACH GARDENS FL 33418			8	4 City			85 Z	p Code
					M	in	nı	FL 3	3145
 Pursuant to or registere 	the provisions of Sections 607.0 d agent, or bolin, in the State of	0502 and 607.1508, Flor Floride Such change wa	ida Statutes, is authorized l	the above by the co	s-named co rporation's	orporati board	on submits this statement for the pur of directors. I hereby accept the app	pose of changing its ointment as registered	registered office i d agent. I am
familiar with	and accept the obligations of	Section 607.0505, Florid	a statutes.	_				2/9/96	
S'GNATURE 🔏	agnatory open or pomed name of regularies	age of ariel 14 o it agrains ables	(NOTE	Hogisterert A;	O'Ron gent signature re	required w	her reinstaling)	DATE	
12.	OFFICERS	AND DIRECTORS	r. 576	13.		т	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO Change	DRS IN 12
HILE	OLDOURE TOTAL	D	titit	1. 1 TITL 1.2 NAM		ן פ	UP	DEC CHANGE	LT MODITION
NAM: STREET ADDRESS	O'ROUKE, JOHN III 2299 S.W. 37TH AVE. SI	IITE OA			ET ADDRESS				
CITY-\$1-70°	MIAMI FL 33145	DILE EX			-S1 - ZIP				
1111	D		ELETE	2 1 TITL		0/	P	▶ Change	☐ Addition
NAME	TINOCO, JUAN A			2 2 NAM	IE	1			
STHEET ADDRESS	2299 S.W. 37TH AVE. SI	JITE 2A		B .	E1 ADDRESS				
CITY S1-ZiP	MIAMI FL 33145		ELETE	2 4 CITY 3 1 TITE	- ST - ZIP F	2/	.5	™ Change	Addition
NAMI.	D Tinoco, Maria e	L.) ⁹		3 2 NAM		-"	_		_
STREET ADDRESS	2299 S.W. 37TH AVE. SI	UITE 2A			EE1 ADDRESS				
CHY S1-7(f)	MIAMI FL 33145			3 4 CITY	-51-216	ļ			
TillE	D		ELETE	4 1 111		D.	1-	Change	☐ Addition
NAME	O'ROURKE, MARIA E	WITE AL		4.2 NAM					
STHEE' ACCINESS	2299 S.W. 37TH AVE. S MIAMI FL 33145	UITE ZA			EET ADDRESS (- \$1-ZIP				
CHY+ST-ZIP TITLE	MIAMI FL 33143		ELETE	5 170	··	 		☐ Change	Addition
NAME				5 2 NAN	ЛE				
STREET ADDRESS				•	EET ADDRESS				
CHY ST-ZIF		···	NEI ETÉ		r-S1-ZIP			☐ Change	Addition
Filtf		Ĺ.J.	DELETÉ	6 1 TIT 6 2 NAM		1			
NAME STEEF ADDRESS					EET ADDRESS	1			
Access to a second decided.				_		1			

6 4 CITY - ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)/k). Florida Statutes. I further certify that the information indicated on this armost report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 it of singles, or on an attachment with an address. SIGNATURE OND EXPEDIENTED RIAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: x

2/9/96 Cato 305-569-0644 Deytine Phone #