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

FILED Apr 25 1997 8:00am Secretary of State

DOCUMENT #	P95000015513	(1)
------------	--------------	-----

Principal Place 834 N UNIVERS SUITE 135 CORAL SPRING	e of Business SITY DRIVE	Mailing Address 834 N UNIVERSITY DRIVE SUITE 135 CORAL SPRINGS FL 33071-7	1029		
US		US		3. Date incorporated or Qualified 02/24/1995	04/29/1996
2. Principal P	face of Business	2a. Mailing Address 26		4. FEI Number 65-0560437	Applied For Not Applicable
Suite, Apt	#, €\C.	Suite, Apt. #, etc.	11,000	5. Certificate of Status Desired	\$8.75 Additional
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Z ₁ D	Country	Trust Fund Contribution	Added to Fees
24	25	29	10		as DNo
DAD	 Name and Address of Curre NEY, SANTIAGO 	ent Registered Agent	81 Name	. 10. Name and Address of New Regist	ered Agent
	17 LAKEVIEW DRIVE		<u> </u>	70 C D AL M	
	CORAL SPRINGS FL 33071		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
			83	3	
					FL 85 Zip Code
11. Persoant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above-named oc	proporation submits this statement for the purp	ose of changing its registered
bilipe or r agent La	egistered agent, or both, in the Stat m familiar with, and accept the oblig	le of Florida. Such change was au gations of, Section 607.0505, Flori	ithorized by the corpoi ida Statutes.	proporation submits this statement for the purp ration's board of directors. I hereby accept the	e appointment as registered
SIGNATURE	Signature, typed or an ad rame of registered ag	rney			3/20/97
12.		DIRECTORS (NOTE:	Registered Agent signature rec	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
THE	P	DELETE	1.1 TITLE P		Change Addition
NAME	BAMEY, SANTHAGO		1.2 NAME	barney, Santiago	
STREET ADDRESS	11247 LAKEVIEW DRIVE			099 CORAL RIDGE DRIVE	
CHY-ST-ZIP	CORAL SPRINGS FL	DELETE		dral springs fl 330	
TITLE NAME	BARNER, GAEL	["] nereig	2.1 TITLE 22 NAME R	arney Gael	€hange
STREET ADDRESS	11247 LAKEVIEW DRIVE		23 STREET ADDRESS	099 CORAL RIDGE DRIVE	
CHY-\$1-Zir	CORAL SPRINGS F			oral springs fl 3306	-5
mit		☐ DELETE	3.1 TITLE	DISIL PARIOS IL DES	Change Addition
NAME .		•	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City St - ZiF			3.4. CITY+ST-ZIP		
1111.6		☐ DELETE	4.1 TITLE		L_I Change L_I Addition
NAME			4. 2 NAME		1
STREET ADDITION			A R STOREY ADDDESO		
F TV (1) 7(0)			4.3 STREET ADDRESS		
C-TY-S1-76° TITLE		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
TITLE NAMé		☐ DÉLETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change Addition
TITLE		☐ D€LETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
TITLE NAME STREET ADORESS		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
TITLE NAME SUREET ADORESS ONLY-SE ZIE			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TIFLE NAME STREET ADORESS CITY-ST-ZU: T.ILE			4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

14. I do hereby certify 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 an attachment with an eddress.

SIGNATURE: