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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 15 1998 8:00am Secretary of State

2000	MACAIT # =====	┥					
1. Corporat	JMENT # P9500	0016634 (4))				
ſ	N CORPORATION	` '					
0007	H GOIN OWNION				1110	THE ROLL BUILD	
	•						4111
Principal Place of Business Mailing Address					1101111111 (In vanas American	······································	intravali 1041
13411 8W 67TH 8T 13411 8W 67TH ST							
MIAMI FL 83	n as	MIAMI FL 33183-2353					
		•			3. Date Incorporated or Qualified	3a. Date of Last	Report
					03/01/1995	10/09/1996	
		2a. Mailing Address			4. FEI Number	11-	Applied For
26 26					65-0565730	60 75	Not Applicable Additional
22		27	 -		5. Certificate of Status Desired	7	Periupe
City & Sta	ste .	City & State	3 · · ·		6. Election Campaign Financing		May Be
Zip	Country Zip				Trust Fund Contribution		l to Fees
24	25 29		Country 30		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No		
	9. Name and Address of Curre				10. Name and Address of New Re		
للم أ	FONSO, VICENTE		81	Name			•
13411 SW 67TH ST			82	Street Add	ress (P.O. Box Number is Not Acceptab	l e)	
į MV	AMI FL 33183		83			_	
4							
=			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statu	ites, the above	e-named corp	poration submits this statement for the p	urpose of changing	its registered
office of agent. I a	registered agent, or both, in the Stati am familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, F	authorized by Iorida Statute:	y the corpora: s.	tion's board of directors. I hereby accep	tine appointment as	s teðisteten
SIGNATURE							
12.	Signature, typed or printed name of registered agent and bite if applicable. (NOT OFFICERS AND DIRECTORS			ent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	20 IN 12
TITLE	PTD OFFICERS AN	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	Additio
NAME	ALFONSO, VICENTE	-	1.2 NAME				
STREET ADDRESS	13411 SW 67TH ST	:	1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY - S	T-ZIP	<u></u>		
TITLE	VSD	☐ DELETE	2.1 TITLE			Change	Additio
NAME ATOTET ADDOCAD	'ALFONSO, NILDA		2.2 NAME 2.3 STREET	4000000			
STREET ADDRESS CITY-ST-ZIP	13411 SW 67TH ST MIAMI FL 33183		2.4 CITY-5	1			
TITLE	MACANI FL 93193	☐ DELETE	3.1 TITLE	93 - EIF		☐ Change	Additic
NAME	·		3.2 NAME				
STREET ADDRESS		•	3.3 STREET	ADDRESS			
CITY-ST-ZIP	·	T here		T-ZIP		III obassa	S. Sabaltatio
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Additic
NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST				
TITLE		DELETE	S.1 TITLE		9000024890 -04/15/98010210	Change	Additio
NAME			5.2 NAME		-U4/15/98010210	23	
STREET ADDRESS			5.3 STREET ADDRESS		***150.00		
CITY-ST-ZIP		A.S. PMA	5.4 CITY-ST	- ZIP		174	A April
TITLE		☐ DELETE	6.1 TITLE			Change	Additio
NAME CTOSST 4 DOOSSE			6.2 NAME	IDODECC		'ا رربر	
STREET ADDRESS			6.3 STREET A			4 5	イノ
14. I do hereb	y certify that the information supplied	with this filing does not qualif	y for the exen	nption stated	in Section 119.07(3)(i), Florida Statutes.	I further certify (Date	ine

1. 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 the information indicated on this annual report for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; if 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 address.

1/0/98 (305) 386-8139