COF	ILE NOW: FILING FE PROFIT RPORATION JAL REPORT 1997	FLORIDA DEL Sandr Secr DIVISION C	PARTMENT OF STATE a B. Mortham retary of State DF CORPORATIONS	Apr 25	FILED 1997 8:0 tary of St	
	EIRA AVENUE	Mailing Addross C/O 101 MADEIRA AV CORAL GABLES FL 33	ENUE			
				3. Date Incorporated or Qual		Report
2. Principal P	lace of Business	2a, Mailing Address		03/08/1995 4, FEI Number	03/21/1996	pplied For
El des Ast	# 010	26	·····	65-0568708	N	lot Applicab
Sufte, Apt.	π, σιυ.	Suite, Apt. #, etc.		5. Certificate of Status Desire		Additional Required
City & Stat	0	City & State		6. Election Campaign Financ		May Be
Zip	Country	28 }	Country	Trust Fund Contribution 8, This corporation has liabili		to Fees
4	25	29	30	Florida Statutes	🗌 Yes 🕅 No	0. 100.002,
	9. Name and Address of Curr ZOZA,COMAS, DE TORRES 8		B1 Name	10. Name and Address of Ne	ew Registered Agent	
	MADEIRA AVENUE RAL GABLES FL 33134		82 Street Ad 83 84 City	dress (P.O. Box Number is Not Acc	et 7ir	Code
COR 11. Pursuant office or r agent. I a	RAL GABLES FL 33134	0502 and 607, 1508, Fiorida St ate of Florida. Such change w ligations of, Section 607,0505	83 84 City	dress (P.O. Box Number is Not Acc rporation submits this statement for ation's board of directors. I hereby	FL 85 Zip	
COI 11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Soctions 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	agent and title II applicable. (83 84 City atules, the above-named co as authorized by the corpor , Florida Statules.	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zip r the purpose of changing accept the appointment a	its registered
COI 11. Pursuant office or r agent. I a SIGNATURE 12.	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Star m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS A	agent and title II applicable. (83 84 City atutes, the above-named co as authorized by the corpor , Florida Statutes.	rporation submits this statement for ation's board of directors. I hereby	FL 85 Zip r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO	its registered s registered RS IN 12
COI 11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Soctions 607.0 egistered agent, or both, in the Sta m familiar with, and accept the ob	agent and title II applicable. (83 84 City atules, the above-named co as authorized by the corpor , Florida Statules.	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zip r the purpose of changing accept the appointment a	its registered s registered RS IN 12
COI 11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE.	agent and title II applicable. (B3 B3 B4 City atutes, the above-named co as authorized by the corpor Florida Statutes. (NOTE: Registered Agent signature rec 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zip r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO	its registered s registered RS IN 12
COI 11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of register d OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE. CORAL GABLES FL 33134	agent and title II applicable. (83 84 City atutes, the above-named co as authorized by the corpor , Florida Statutes. (NOTE: Registered Agent signature rec 13. 11 TIFLE 1.2 NAME	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zip r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO	its registered s registered RS IN 12
COI 11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE. CORAL GABLES FL 33134 SD MIJARES, JUAN	agent and the II applicable. (AND DIRECTORS	B3 B4 City alules, the above-named co ras authorized by the corpor rs. Florida Statutes. (NOTE: Registered Agent signature reg 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DTY-ST-ZIP	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zip r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO Change	its registered s registered RS IN 12
COI 11. Pursuant office or r agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE. CORAL GABLES FL 33134 SD MIJARES, JUAN 101 MADEIRA AVE.	agent and the II applicable. (AND DIRECTORS	B3 B4 City atutes, the above-named co as authorized by the corpor as authorized by the corpor the	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zip r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO Change	its registered s registered RS IN 12
COI 11. Pursuant office or r &gent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Storeture, typed or printed name of registered OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE. CORAL GABLES FL 33134 SD MIJARES, JUAN	agent and the II applicable. (AND DIRECTORS	83 84 City atutes, the above-named co as authorized by the corpor as authorized by the corpor 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 City-ST-ZiP 2.1 TILE 2.2 NAME	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zip r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO Change	Its registero s registereo RS IN 12 Additi
COI 11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE. CORAL GABLES FL 33134 SD MIJARES, JUAN 101 MADEIRA AVE. CORAL GABLES FL 33134 TD GENOVA, MIGUEL		83 84 City atutos, the above-named coas authorized by the corpor ras authorized by the corpor 1, Florida Statutes. 11, TifLE 12, NAME 1, STREET ADDRESS 1, 4 Dity-ST-ZIP 2, 1 TifLE 2, 2 NAME 2, 3 STREET ADDRESS 2, 4 Dity-ST-ZIP	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zir r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO Change	Its registero s registereo RS IN 12 Additi
COI 11. Pursuant office or r agent. I a SIGNATURE 12. TILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE. CORAL GABLES FL 33134 SD MIJARES, JUAN 101 MADEIRA AVE. CORAL GABLES FL 33134 TD GENOVA, MIGUEL 101 MADEIRA AVE.		83 84 City atutes, the above-named co ras authorized by the corpor is, Florida Statutes. 1011- Registered Agent Signature red 13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TITLE 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zir r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO Change	Its registered s registered RS IN 12 Additi
COI 11. Pursuant office or r agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE. CORAL GABLES FL 33134 SD MIJARES, JUAN 101 MADEIRA AVE. CORAL GABLES FL 33134 TD GENOVA, MIGUEL		83 84 City atutes, the above-named coras authorized by the corportion of the corport	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zir r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO Change	Its registero s registereo RS IN 12 Additi
COI 11. Pursuant office or r agont. I s SIGNATURE 12. 17. 18. STRET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE. CORAL GABLES FL 33134 SD MIJARES, JUAN 101 MADEIRA AVE. CORAL GABLES FL 33134 TD GENOVA, MIGUEL 101 MADEIRA AVE.		83 84 City atutos, the above-named coas authorized by the corpor ras authorized by the corpor 1: 2: 1: 2: 2: 2: 2: 2: 2: 2: 2: 2: 1: 1:	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zip r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO Change Change	Its registerd s registered RS IN 12 Additi
COI 11. Pursuant office or r aggent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE. CORAL GABLES FL 33134 SD MIJARES, JUAN 101 MADEIRA AVE. CORAL GABLES FL 33134 TD GENOVA, MIGUEL 101 MADEIRA AVE.		B3 B4 City atutes, the above-named cors authorized by the corportion of the corportion of the corportion of the corportion of the corport of the	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zip r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO Change Change	Its registered s registered RS IN 12 Additi
COI 11. Pursuant office or r agont. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE. CORAL GABLES FL 33134 SD MIJARES, JUAN 101 MADEIRA AVE. CORAL GABLES FL 33134 TD GENOVA, MIGUEL 101 MADEIRA AVE.		83 84 City atutes, the above-named co ras authorized by the corpor is, Florida Statutes. 11 12 13. 11 12 13. 13. 14 13. 14 14 21 21 22 23 24 23 24 21 21 22 23 24 217-S1-ZIP 31 32 33 33 34 217-S1-ZIP 31 33 34 217-S1-ZIP 33 34 217-S1-ZIP 33 34 217-S1-ZIP 41 111LE 42 43	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zip r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO Change Change	Its registerd s registered RS IN 12 Additi
COI 11. Pursuant office or r agont. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE. CORAL GABLES FL 33134 SD MIJARES, JUAN 101 MADEIRA AVE. CORAL GABLES FL 33134 TD GENOVA, MIGUEL 101 MADEIRA AVE.	agent and the II applicable. (AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	83 84 City atutos, the above-named coas authorized by the corpor ras authorized by the corpor 1	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zip r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO Change Change Change	Its registerd s registered RS IN 12 Additi
COI 11. Pursuant office or r agont. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE. CORAL GABLES FL 33134 SD MIJARES, JUAN 101 MADEIRA AVE. CORAL GABLES FL 33134 TD GENOVA, MIGUEL 101 MADEIRA AVE.	agent and the II applicable. (AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	B3 B4 City atutes, the above-named cors authorized by the corporties authorized by the corporties authorized by the corporties authorized by the corporties at the corport of the corporties and the corport of the corport	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zip r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO Change Change Change	Its registered
COI 11. Pursuant office or r aggent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE. CORAL GABLES FL 33134 SD MIJARES, JUAN 101 MADEIRA AVE. CORAL GABLES FL 33134 TD GENOVA, MIGUEL 101 MADEIRA AVE.	agent and the II applicable. (AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	83 84 City atutes, the above-named cors authorized by the corportion statutes. 11 11 12 13 14 13 14 13 14 13 14 14 17 21 111E 22 23 14 17 21 111E 22 23 31 11E 32 33 34 21 33 34 21 33 34 21 34 21 35 36 31 11E 32 33 34 21 35 44 42 31 31 11E 32 34 21 35 36 31 31 31 32	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zip r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO Change Change Change	its registered s registered RS IN 12
COI 11. Pursuant office or r agont. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE. CORAL GABLES FL 33134 SD MIJARES, JUAN 101 MADEIRA AVE. CORAL GABLES FL 33134 TD GENOVA, MIGUEL 101 MADEIRA AVE.		B3 84 City atutes, the above-named cors authorized by the corporties authorized by the corport authorized by the corported by the c	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zip r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO Change Change Change Change Change	Its registered
COI 11. Pursuant office or r aggent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	RAL GABLES FL 33134 to the provisions of Soctions 607.0 registered agent, or both, in the Sta m familiar with, and accept the ob Signature, typed or printed name of registered OFFICERS / PD ANGULO, CARLOS 101 MADEIRA AVE. CORAL GABLES FL 33134 SD MIJARES, JUAN 101 MADEIRA AVE. CORAL GABLES FL 33134 TD GENOVA, MIGUEL 101 MADEIRA AVE.		B3 B4 City atutes, the above-named cors authorized by the corporties authorized by the corport authorized by the corported by the c	rporation submits this statement for ation's board of directors. I hereby utred when reinstating)	FL 85 Zip r the purpose of changing accept the appointment a DATE OFFICERS AND DIRECTO Change Change Change Change Change	Its registered