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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED May 06 1997 8:00am Sandra B. Mortham Secretary of State Secretary of State

305-887-3203

Principal Place of Business Principal Place of Business 7291 NW 74 STREET SUITE 350 MEDLEY FL 33166 US POSCUMENT # P95000019848 (7) Mailing Address 7291 NW 74 STREET SUITE 350 MEDLEY FL 33166 MEDLEY FL 33166-2407 US			3. Date Incorporated or Qualified 3a. Date of Last Report 03/10/1995 06/25/1996	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0639478 Not Applica
Suite, Apt. : 22	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	······································	6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25 9. Name and Address of Current	29 Bagistered Agent	30	Florida Statutes Yes No 10. Name and Address of New Registered Agent
KIID	KIN, ALEX	Hegistered Agent	81 Name	ID. Name and Address of New Hegistered Agent
SUN	i le jeune road Te 350 Ial gables fl 33134-5821		83 84 City	ress (P.O. Box Number is Not Acceptable) FL 85 Zip Code
SIGNATURE	agistered agent, or both, in the State of familiar with, and accept the obligation of the obligation o	il and title if applicable (NC	authorized by the corporal lorida Statutes. It Registered Agent signature requi	poration submits this statement for the purpose of changing its register flion's board of directors. I hereby accept the appointment as registered fred when reliester rg) DATE. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DÉLETE	1.1 WILE	Change Addit
NAME	SAWICKI, DANIEL		1.2 NAME	
STREET ADDRESS	7291 NW 74TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	MEDLEY FL VP	DELETE	1.4 CHY-ST-7IP 2.1 TILLE	Change Addii
NAME	BUONACUCINA, CARLOS A	L.J becere	2.2 NAME	Ell comings Ell voca
STREET ADDRESS	25 DE MAYOO, 125 PISO 3		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORDOBA AR		2. 4 CITY-ST-ZIP	
TITLE	VP.	☐ DETEJE	3.1 TITLE	Change Addit
NAME	BUONACUCINA, MARTIN 25 DE MAYO, 126 PISCO 3		3.2 NAME	
STREET ADDRESS	CORDOBA AR		3.3 STREET ADDRESS	
CITY-ST-ZIP	\$	DELETE	3.4. CITY - ST - 7IP 4.1 TITLE	Change Addit
NAME	BEHAR, ROBERT	-	4. 2 NAME	
STREET ADDRESS	7291 NW 74TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	MEDLEY FL		4.4 CHY-ST-ZIP	
TITLE		[] DELETE	51)1111	Change Addi
NAME CIDECT ADDRESS			5.2 NAME	
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE		DELFTE	6.1 Inte	Change Addit
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 Çri Y- SI - 7IP	
14. I do herel: informatio (am an of appears in	by certify that the information supplied indicated on this annual report of sif- ficer or director of the corporation or in Block 12 or Block 13 if changott, or	with this filling does not qua applemental annual report is the receiver or trustee empe on an attachment with an a	alify for the exemption state true and accurate and that wered to execute this repo- ddress	d in Section 119.07(3)(i). Florida Statules. I further certify that the it my signature shall have the same legal effect as if made under oath; it as required by Chapter 607, f lorida Statutes; and that my name