CORPO ANNUAL	DEIT PRATION REPORT		FLORIDA DEPARTMENT OF STATE Sondra B. Mortham Secretary of State DIVISION OF CORPORATIONS					
OCUME Corporation Na MAVELA	me)0003(0571 (0)				
Principal Place of Business Mining Address 7925 NW 12TH STREET STE 324 7925 NW 12TH ST MIAMI FL 33126 MIAMI FL 33126				REET STE 324) (8211951 tie 16161 811)1 8911 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111		
MIAMI EL 33120		•				3. Date Incorporated or Qualified 04/19/1995	3a. Date	of Last Report
. Principa! Place	of Business	2a. Ma	iling Address			4. FEI Number 65-0577919		Applied For Not Applicable
<u>] </u>			ite, Apt. #, etc.					\$8.75 Additional
Suite, Apt. #, €	etc.	27	III 8, A42, #, 610.			5. Certificate of Status Desired		Fee Required
Crty & State			ty 8 State			 Election Campaign Financing Trust Fund Contribution 		\$5.00 May Be Added to Fees
3		28		-T Cou		8. This corporation has liability for	intangible ta	
Ζ φ .1	Country 25	29 29	J	30	,	Flonda Statutes	s 🔀 No	
<u> </u>	9. Name and Address of Cur		ed Agent		81 Name	10. Name and Address of New I	Registerea	Agent
	the provisions of Sections 607.0 agent, or both, in the State of I and accept the obligations of S				84 City Ive-named corporation's bo	oration submits this statement for the priarid of directors. Thereby accept the ap		anging its registered offer
SIGNATURE	grature typical or professional native of federationer	age tale the day	h at a		(April squatore belo	ADDITIONS/CHANGES TO OF	DATE	DIRECTORS IN 12
12.		S AND DIRECTO	DRS DELETE	13.	Titl F	AUDITIONS/OFFANGES TO G		Change Addition
NAME STREET ADDRESS	PTD ROMERO, LUIS 7925 NW 12TH STREE	T STE 324	Concur	121	IAME OTHER LADORESS			
CITY - S1 - 7:P	MIAMI FL 33126 VSD		□ DELETE		TITY ST-700			Change Addition
TITLE NAME	DE ROMERO, ESPERA	NZA S	·· '	1	HAME .			
STREET ADDRESS	7925 NW 12TH STREE	T STE 324			SIREET ADORESS			
CITY - S1 - ZIP	MIAMI FL 33126		DELFTE		DITY-ST ZP			Change Additio
TITLE			□ ncrust		NAM6			
NAME					STREET ADDRESS			
					CITY - ST - ZIP			Change Addition
STREET ADDRESS CITY+S1+ZIP			☐ DELETE		TITLE NAME	3000015 -06/05/960	:525	
CITY - S1 - ZIP TITLE NAME					STREET ADDRESS	-06/05/96V	1104	023
CITY - S1 - ZIP TITLE NAME STREET ADDRESS				4.3	STREET ADDRESS CITY-ST-ZIP	-06/05/96U ***200,00	1104	
CITY - S1 - ZIP TITLE NAME			☐ DELETE	43	CITY - ST - ZIP	-06/05/96U ***200.00	1104	0.23 ☐ Change ☐ Additio
CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME			☐ DELEI€	43 44 5	CITY - ST - ZIP TITLE NAME	-06/05/96U ***200.00	1104	
CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS			☐ DELEI€	43 44 5 52 83	CITY - ST - ZIP	-06/05/96U ***200.00	11041	Change Addition
CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME			☐ DELETE	43 44 5 52 83	CHY-SE-ZIP TIFLE NAMC STREEL ADDRESS	-06/05/96U ***200.00	1104	

SIGNATURE:

City-St-ZiP

14. I do hereby certify that the information supplied with this filting 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 contraction of the complemental annual report is true and accurate and that my signature shall have the same legal effect as if made under coath; that I am an officer or director of the complemental annual report is report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on application with an address.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)