FILE NOW: FILING FEE AFTER MAY 1 IS \$55

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT

STATE

Sandra B. Mort

Secretary of St

DIVISION OF CORPO

FILED Apr 16 1997 8:00am Secretary of State

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0607275 2. Suffe, Apt. #, etc. 5. Certificate of Status Desired 5. Certi	s 🗌 No
3. Date Incorporated or Qualified O4/2 1/1995 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified O4/2 1/1995 4. FEI Number 65-0607275 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7. Trust Fund Contribution 7. In the corporation has liability for intan Fiorida Statutes 6. Post Ontribution 7. In the corporation has liability for intan Fiorida Statutes 7. In the corporation has liability for intan Fiorida Statutes 7. Name and Address of New Register 8. This corporation has liability for intan Fiorida Statutes 8. This corporation has liability for intan Fiorida Statutes 8. Stroct Address (P.O. Box Number is Not Acceptable) 8. Stroct Address (P.O. Box Number is Not Acceptable) 8. Stroct Address (P.O. Box Number is Not Acceptable) 8. The corporation submits this statement for the purpor office or registered agent, or both, in the State of Fiorida Statutes, the above-named corporation submits this statement for the purpor office or registered agent, or both, in the State of Fiorida Statutes, the above-named corporation submits this statement for the purpor office or registered agent, or both, in the State of Fiorida Statutes, the above-named corporation submits this statement for the purpor office or registered agent agent and file if applicable (NOTE Rightscred Agent s grature required when reinstaling) 8. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS 11. Interest 12. NAME	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees gible tax under s. 199.032, s. \(\s \sqrt{No} \)
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. FEI Number 4. FEI Number 65-0607275 Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. City & State 4. FEI Number 65-0607275 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7 Trust Fund Contribution 7 Trust Fund Contribution 7 Trust Fund Contribution 7 Yes 9. Name and Address of Current Registered Agent 7 Yes 9. Name and Address of Current Registered Agent 7 Name 7 PORMOSO-MURIAS, HECTOR ESQ. 7 FORMOSO-MURIAS, P.A. 1101 BRICKELL AVENUE, PENTHOUSE MIAMI FL 33131 82 Stroot Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpor office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of. Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or prefited name of registered agent and bits if spyl-calule (NOTE Regiscored Agent's gradue required when reinstaling) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS 11. IIILE DSP ITILE DSP DELETE 1.1 IIILE 1.1 IIILE 1.1 IIILE 1.1 IIILE 1.2 NAME	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees gible tax under s. 199.032, s \[\sum \] No
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27 City & State Country Country Country Country Country And Country Country Country And Cou	Fee Required \$5.00 May Be Added to Fees gible tax under s. 199.032, s \[\sqrt{\text{No}} \] No
City & State City & State 28 City & State City & State Country Country Country Country R. This corporation has liability for intan Florida Statutes Promoso-Murias, Hector Esq. FORMOSO-MURIAS, HECTOR Esq. FORMOSO-MURIAS, P.A. 1101 BRICKELL AVENUE, PENTHOUSE MIAMI FL 33131 81 City 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purportion office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented name of registered egent and title if applicable NOTE: Regiscred Agent s greature required when reinstaling) DELETE 1.1 TILE NAME OFFICERS AND DIRECTORS 1.2 NAME	Added to Fees gible tax under s. 199.032, s
Zip Country Zip Country 28 The Country 8. This corporation has liability for intent 28 29 30 8. This corporation has liability for intent Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Register FORMOSO-MURIAS, HECTOR ESQ. FORMOSO-MURIAS, P.A. 1101 BRICKELL AVENUE, PENTHOUSE MIAMI FL 33131 82 Stroet Address (P.O. Box Number is Not Acceptable) 83 84 City 84 City 85 City 85 City 85 City 85 City 85 City 86 City 87 City 88 City 87 City 88 City 89 City 89 City 89 City 89 City 89 City 89 City 80 City 8	gible tax undor s. 199.032, s □ No
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TITLE DELETE 2.1 TIPLE	Change Addition
NAME GUILLERMO, FERNANDEZ A 22 NAME	
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NAME 52 NAME	Change Addition
STREET ADDRESS 5.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP 54 CITY-ST-ZIP	☐ Change ☐ Addition
DELETE 61 TITLE ANAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	Change Addition

6.4 CITY-ST-ZIP

1.4. 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 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 corperation of 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, on an attachment with an address.

4/10/97 (305) 8991000