FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00						FILED				
COF	PROFIT RPORATION	FLOI	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Jan 14 1997 8:00am Secretary of State				
	JAL REPORT 1997	DI								
DOCUI	· • • - ·	00032740								
Principal Place of Business 5931 SW 147 CT MIAMI FL 33193		5931 SW 147	Mailing Address 5931 SW 147 CT MIAMI FL 33193-3016				II B BI B B B IIID IIBII 1	9811 91911	48 11 1941	
						3. Date Incorporated or Qualified 04/26/1995	3a. Date of 06/17/		port]
2. Principal P 21	lace of Business	2a. Mailing A	ddress			4. FEI Number 65-0577792			plied For t Applicable	
Suite, Apl	#, etc.	Suite, Ap	i. #, etc.			5. Certificate of Status Desired			dditional	1
22 City & State 23	e	27 City & Sta 28	ate	.,		6. Election Campaign Financing Trust Fund Contribution	\$		May Be	
Zip 24	Country 25	29 29		Count	ry	8. This corporation has liability for		inder s.		
	9. Name and Address of C NCO, UBALDO	urrent Registered Age	nt	8	I Name	10. Name and Address of New Re	gistered Agen	t		
593	1 SW 147 CT					ress (P.O. Box Number is Not Acceptable)				-
МА	MI FL 33193			8	3	·····			<u> </u>	1
				8	4 City		FL 85	Zip C	Code	
11. Pursuant office or r agent. I a SIGNATURE 12.	egisterod agent, or both, in the m familiar with, and accept the Sgrade speare precision chegos	State of Florida Such c obligations of, Section 6	hange was a 307.0505. Fk	authorized I orida Statut	by the corporates.	poration submits this statement for the p tion's board of directors. I hereby acce red when reinstating) ADDITIONS/CHANGES TO OFFIC	pt the appointn	ient as i	registered	- (6
HILE	PST					ADDITIONS/CHANGES TO OFFIC		Change	Addilion	100
NAME STREET ADDRESS	BLANCO, UBALDO 5931 SW 147 CT			1 2 NAM 1 3 STRE	et address					034
CITY - \$1 - ZIP	MIAMI FL 33193		DELETE	14 DITY	- <u> </u>				TT Address	CR2E0
TITLE NAME		L.	j pereit.	2 1 TITLE 2 2 NAME				Change	Addition	
STREET ADDRESS					et address					
CITY - ST - ZIP TITLE	an an aman an a mana bahar ka sa ta sa		DELETE	2 4 CITY 3 1 TITLE		······································		Change	Addition	-
NAME				3 2 NAM						
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TITLE			DELETE	4 1 TITLE				Change	Addition]
NAME STREET ADDRESS				4 2 NAM 4 3 STRE	et address					
CITY-ST-ZIP				4.4 City		<u></u>			Addition	
title NAME		L	_] DELETE	5 1 TITLE 5 2 NAM				Change	Addition	
STREET ADDRESS				5 3 STRE	et address					
CITY-ST-ZIP TUTLE			DELETE	5 4 C(1Y 6 1) TITLE				Change	Addition	-
NAME		_		6 2 NAMI				-		
STREET ADDRESS				6 3 STRE 6 4 City	ET ADDRESS					
14. I do here				fy for the ex	emption stated	d in Section 119.07(3)(i). Florida Statute t my signature shall have the same lege				-
l am an o	fficer or director of the corporat n Block 12 or Block 13 if chany	ion or the receiver or tru	istee empow	vered to exe	cute this repo	rt as required by Chapter 607, Florida S	Statutes; and th	at my n	ame	-
SIGNAT	u_{RF} (1a)	es Ma	ua		• .	1/7/97	(305) 3	82-	6004	
SIGNAL	SIGNATURE IND TY	PED OR PRINTED NAME OF SH		OR DIRECTO	1	Date	Daylime	Phone #		