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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000033617 (8)

Principal Piace 4831 S.W. 158 MIAMI FL 3318: US	PL	Mailing Address 4831 S.W. 156 PL MIAMI FL 33185-5246 US				
US		00			3. Date Incorporated or Qualified 04/24/1995	3a. Date of Last Report 05/01/1996
	ace of Business	26. Mailing Address			4. FEI Number 65-065 1900	Applied For
21 Suite, Apt. 4	₩, etc.	Suite, Apt. #, etc.	<u> </u>			Not Applicable \$8.75 Additional
22		27			Certificate of Status Desired	Fee Required
City & State)	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	,	8. This corporation has liability for inte	
24	25		30		Florida Statutes	
1 PAI	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Regis	stered Agent
	za, jose l 30 8.W. 43RD street				(0.0 D. M	1
	WI FL 33185		82	Street Addr	ress (P.O. Box Number is Not Acceptable))
*****			83			
			84	City		El 85 Zip Code
1. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	l e-named corp	poration submits this statement for the pur	rose of changing its registered
office or re agent. I ar	egi ster ed agent, or both, in the State in fam iliar with, and accept the oblig-	of Florida. Such change was at ations of, Section 607.0505, Flor	uthorized by rida Statule:	y the corporat s.	tion's board of directors. I hereby accept t	.he appointment as registered
SIGNATURE .		Alors	Denistre d An	and all outs as an an	red when reinstating)	DATE
12.	Signature, typed or printed name of registered ago OFFICERS AN		13.	ont signature requi	ADDITIONS/CHANGES TO OFFICER	
TITLE	P	DELETE	1 1 BILE	T		Change Addition
NAME	PEREDA, MIRTA L		1.2 NAME		20000223 1000022379	195323 701061005
STREET ADDRESS	4831 S.W. 156 PL MIAMI FL 33185		1.3 STREET		****165.	.00 ****165.00
CITY-ST-ZIP	VP COOLS	☐ DELETE	1.4 CITY - S 2.1 TITLE	51-211		Change Addition
NAME	SEQOVIA, JUAN M JR		2 2 NAME			
STREET ADDRESS	9240 SW 149 PL		23 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196	District	2. 4 CITY -	S1-ZIP		Change Addition
TITLE NAME	N	☐ DELETE	3.1 TITLE 3.2 NAME	1		CT change CT Addition
STREET ADDRESS	PLEASE C	ORRECT		I ADDRESS		
CITY-ST-ZIP	Spelling a	F LAST	3.4. CITY-			
TITLE	PLEASE CO Spelling of NAME ((S)	FA OVA A	4,1 TITLE			Change Addition
NAME		4	4. 2 NAME			
STREET ADDRESS	GN	A OT Q		ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - 9 5.1 TITLE	51 · ZIP		Change Addition
NAME		_	5.2 NAME			
STREET ADDRESS			5.3 STREET	I ADDRESS		
CITY-ST-ZIP			5.4 C(TY - S	ST - ZIP		Obnor D Lawren
TITLE		DELETE	61 TILLE			Change Addition
NAME Street address			6.2 NAME	r address		
CITY-ST-ZIP			6.4 CITY - S			
14 Ldo hereh	by certify that the information supplies	d with this filing does not qualify	for the exe	emotion stated	d in Section 119.07(3)(i), Florida Statutes. I my signature shall have the same legal e	I further certify that the
lam an of	findicated on this annual report of stifficer or director of the corporation of n Block 12 or Block 13 if changed, o	the receiver or trustee empowe	ered to exec	cute this repo	rt as required by Chapter 607, Florida Sta	itutes; and that my name