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 # P95000033732 (5)

CONESSA MANAGEMENT, INC.

Principal Place of Business

15720 SW 72 ST SUITE A-11 MIAMI FL 83193 Mailing Address

15720 SW 72 ST SUITE A-11

FILED Apr 29 1997 8:00am Secretary of State



MIAMI FL 8318	8	MIAMI FL 33193-5059							
						3. Date Incorporated or Qualified 05/01/1995		e of Las 1/199	t Fleport 6
l	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			65-0583291			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional	
22		27					Fee	Required	
City & State	•	City & State			6. Election Campaign Financing \$5.00 May Be				
23 Zip	Country Z _{ID} Cou					Trust Fund Contribution			
24) 24		Zφ		untry		8. This corporation has liability for inta	~ _	ax unde] No	er s. 199.032,
24]	25 9. Name and Address of Curren	29	30	т—		Florida Statutes 10. Name and Address of New Regis			
QDII		it nogletered Agent		81	Name	to. Name and Address of New Negro	toleu A	your	
GRIMM-PAREJA, SABRINA 9756 SW 154 PL									
	MI FL 33198				Street Address (P.O. Box Number is Not Acceptable)				
MIA	MI LF 22190			83				···	
				84	City		FL	85 Z	ip Code
1 Directors	n the provisions of Sections 607 050	2 and 607 11.09 Florida Ptot.	doe the s	hous	named a	ornardian submits this statement for the number		Shanais	a ile registeres
office or re	egistered agent, or both, in the State	of Horida, Such change was	authorize	ad by	the corpo	orporation submits this statement for the purp ration's board of directors, I hereby accept the	he appo	intment	as registered
•	m tamiliar with, and accept the obliga	ations of, Section 607.0505, F	torida Sta	atutes	S.				
SIGNATURE	Signature, typod or printed name of registered age	unt and title if annium tile (MC)	NE Decistor	od Age	el e graturo re	quired when reinstating)	DATE		
12.	OFFICERS AND		13.		a a signature to	ADDITIONS/CHANGES TO OFFICER		DIRECT	ORS IN 12
TITLE	P	DELETE	1.1.7		T			Chang	
NAME	PAREJA, ESTEBAN	<u>-</u>		NAME.					
STREET ADDRESS	9756 SW 154 PLACE				ADDRESS				
CITY-SF-ZIP	MIAMI FL 33196		1.4 C						
TITLE	V	DELETE	211			√		Chang	ge Addition
NAME	PAREJA-ORIMOR, SABRINA		221	22 NAME		PAREJA, GRIHM, 4	⊝ Ar	SIL	6A
STREET ADDRESS	9756 SW 154 PLACE		235	STREET	ADDRESS C	3756 SW 1541	00		
CITY-ST-ZIP	MIAMI FL 33196			CITY-S	ST- 7/P	PAREJA, GRIHM, A 1756 SW 15411 Micholite 3319	6		
TITLE		DELETE	311		· · · · · · · · · · · · · · · · · · ·		7	Chang	ge 🔲 Addition
NAME		•	321	NAME					
STREET ADDRESS			335	STREET	ADDRESS				
CITY-ST-ZIP			34.	CITY-S	ST - ZIP	V.			
TITLE	DELETE			4 1 TITLE				Chang	ge 🔲 Addition
NAME			4.2	NAME					
STREET ADDRESS			435	STREET	ADDRESS				
CITY-ST-ZIP			4.4 (CITY-S	1 - ZIP				
TITLE ,	☐ DELETE !		511	51 TITLE				Chang	ge Addition
NAME			521	NAME	-				
STREET ADDRESS			538	STREET	ADDRESS				
CITY-ST-ZIP		<u>.</u>	5.4 0	CHTY-S	T - ZIP				
TITLE		DELETE	611	MLE	7			Chang	ge Addition
NAME			621	NAME					
STREET ADDRESS			63.9	STREET	ADDRESS				
CITY-ST-ZIP			640	CHY-S	T - ZIP				

14. Ido 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 or supplemental 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 corporation or the regoiver 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, or on an intechment with an address.

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