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

Mailing Address

**B200 NW 198ST** 

MIAMI FL 33015-5906

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000035057 (5)

Country

9. Name and Address of Current Registered Agent

Significant type onex printed name of registered agent and title if applicable.

SUZDEN, INC.

Principal Place of Business

2. Principal Place of Business

**BORREGO, ROBERT** 8200 NW 199TH ST.

**MIAMI FL 33015** 

Suite, Apt. #, etc.

City & State

8200 NW 199TH

MIAMI FL 33015

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MV9 STREET ADDRESS

TITLE NAMI STPECT ADDRESS City-St-2IP 14. I do hareby o information in Lam an office

**SIGNATU** 

 $Z\phi$ 

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Persident The Percident Change Addition DELETE Table 11 TITLE **BORREGO, ROBERT** 1.2 NAME Pobert Borrego CR2E034 8200 NW 199TH ST. 1.3 STREET ADDRESS SURFEL ADDRESS **MIAMI FL 33015** 33015 CHY-SU-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE THEF TRESURE **BORREGO. DENISSE** DEVISSO BORES NAM 2.2 NAME 8200 NW 199TH ST. 8200 U.U. 2.3 STREET ADDRESS STEEL ADORESS **MIAM! FL 33015** 33015 2. 4 CITY - ST - ZIP Cilla - ST - Zif X DELETE Change Addition THLE 31 TITLE BORREGO, SUZANN 3.2 NAME A ALM 8200 NW 199TH ST. STREET ADORESS 33 STREET ADDRESS **MIAMI FL 33015** 3.4. CITY-ST-ZIP CHY ST-ZP DELETE Change Addition 4.1 TITLE Tille 4.2 NAME BANK STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-28 DELETE Change Addition 5.1 TITLE TILLE

5.2 NAME

6.1 TITLE

DELETE

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Country

81 Name

82

83

11. Pursuant to the provisions of Sections 607 0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

(NOTE: Registered Agent signature required when reinstating)

30

FILED May 05 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Zip Code

Addition

Change

Not Applicable

05/01/1996

Yes No

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

04/28/1995

65-057 1977

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

						<b>I</b>
		6.2 NAME				
T ADDIRESS		6.3 STREET ADDRESS				
\$1-2IP		6.4 CITY-ST-ZIP				
I do he reby 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 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 chapted, or on an attachment with an address.  GNATURE:    Signature and types of paints made or signing or icen on pineston.   Description   Description						
	SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OF	DIMECTOR		Date	Daysing Front #	ì