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

PROFIT CORPORATION ANNUAL REPORT

1997



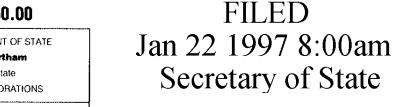
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000038032 (5)

ANTONIO R. LOPEZ, CPA INC.



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Principal Place of Business Mailing Address									
782 N.W. LE JEUNE ROAD 782 N.W. LE JEUNE RO #434 #434 MIAMI FL 33126 MIAMI FL 33126-5549		OAD							
		#434							
					3. Date Incorporated or Qualified 05/12/1995	te of Last Report			
2. Principal Place	e of Business	2a. Mailing Address	·· · · · · · · · · · · · · · · · · · ·			4. FEI Number	1		pplied For
21	NA-1	26				65-0580281		No	ot Applicabl
Suite, Apt #, e	eto. 	Suite Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State		City & State				6. Election Campaign Financing	p1		May Be
Zip	Country	28]	Cou	untry		Trust Fund Contribution 8. This corporation has liability for it			to Fees
4	25	29	30	,			. ~ -	iax dilde⊩s ∃No	. 199,032,
	9. Name and Address of Current			T		10. Name and Address of New Reg		77	
LOPEZ,	, ANTONIO R.			В1	Name		-		
782 NV	V LE JEUNE ROAD 434			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
Miami i	FL 33126					- Control of the company			
				83					
				84	City			85 Zip	Code
						poration submits this statement for the pition's board of directors. I hereby accep	FL	-	
SIGNATURE Sign	nature: typed or pricted barne of registered ager OFFICERS AND		(NOTE: Registere	id Age	ent signature reque	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECTOR	RS IN 12
mile P	STD	DELFTE		ITLE				Change	Additio
	OPEZ, ANTONIO R.		1.2 N	AME					
	82 NW LE JEUNE ROAD 434		1.3 \$	TREET	ADDRESS				
	Alami Fl				ST-ZIP			***************************************	
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Zitratrati	partifuted the information are the		■ 6.4 C	11Y-\$	ST-71P	11-0-1-140 07(0):13-0-1-1			

14. 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 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 Date

305- 448- 3323