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 # P95000043078 (1)

PIEDRAS DEPOT, INC.

FILED Apr 17 1997 8:00am Secretary of State



Principal Place 12445 KEYSTO NORTH MIAMI	ONE ISLAND DRIVE	Mailing Address 12445 KEYSTONE ISLAND DRIVE NORTH MIAMI FL 33181-2422		4 (186)(188) (110 1810) (111)			
					3. Date Incorporated or Qualified 06/02/1995		of Last Report 8/1996
21	lace of Business	2a. Mailing Address [26]			4. FEI Number 65-0601727		Applied For Not Applicable
Suite, Apt.	•	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Current		Countr	y 	S. This corporation has liability for Florida Statutes 10. Name and Address of New Re] Yes 🔲	No
1244	NEL, MIGUEL A 45 KEYSOTNE ISL DR. RTH MIAMI FL 33181		81 82 83	Street Add 1244	E A. NUNEZ tress (P.O. Box Number is Not Accepted 5 KEYSTONE ISLAND	ole)	
agent. La	to the provisions of Sections 607.0502 ogistered agent, or both, in the State o m familiar with, and accept the obligat	and 607.1508, Florida Statutes I Florida: Such change was au kins of, Section 607.0505, Flori	the above thorized bidd Statute	re-named cor v the corpora	poration submits this statement for the pation's board of directors. I hereby acception		
SIGNATURE	Signature, typed or printed name of registered agent	the state of the s	Registered Ag	en! signature requ	ired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	P ARMET MIGHEL	L) DELETE	1.1 TH (E		MIKE HUNEZ	L	Change Addition
NAME	NUNEZ, MIGUEL 12445 KEYSÖTNE ISLAND DR.		1.2 NAME			OT 4 NTD	DDTUE
STREET ADDRESS	N MIAMI FL 33181			T ADDRESS	12445 KEYSTONE I		
CITY-ST-ZIP TITLE	14 MIAMI L 33101	🗖 DELETË	1.4 CHY- 2.1 THLE	ST- 7IP	N. MIAMI, FLORID		Change Addition
NAME		Diperent	2.2 NAME			L.	J Change L J Abbillion
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			2.4 CITY-	i			
TITLE		DELETE.	3.1 1011	01-71		<u>-</u>	Change Addition
NAME		- -	3.2 NAME			_	- J
STREET ADDRESS			3.3 S18EE	L ADDRESS			
CITY-ST-ZIP			3 4. CITY -				
TITLE		DEFELSE	4.1 THLE			C	Change Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREE	LADDRESS			
CITY-ST-ZIP			4.4 C(1 Y -				
TITLE		□ brete	5.1 1111.6				Change Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	ADDRESS			
CITY-ST-ZIP			5.4 CHY -	S1- 21F			
TITLE		DELETE	6.1 1111.6	ļ -		L	Change Addition
NAME			6.2 NAME	İ			
STREET ADDRESS			6.3 STREE	ADURESS			
CITY-ST-ZIP			6.4 CHY-	61-ZIP			
	by certify that the information supplied	with this filing does not qualify	-		d in Section 119.07(3)(i), Florida Statute	s. I further c	ertify that the

information indicated on this armost report or supplemental annual report is been and accurate and that my signature shall have the same legal effect as if made under eath; that am an officer or director of the conjugation or the receiver or trusted empoweres to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges for an an attachment with an afforces.

CIGNIATUDE: .

4/20/9-

893-5700