FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #**

P95000044710 (8)

EQUITIES NO. 7 HOLDINGS, CORP.

Principal Place of Business

Mailing Address

APPROVE AND FILED

96 MAY -1 PM 4: 06

SECRETARY OF STATE TALLAHASSEE. FLORIDA



1010 S.W. 1ST STREET MIAMI FL 33130			1040 S.W. 1ST STREI MIAMI FL 33130	ET	
					3. Date incorporated or Qualified 3a. Date of Last Report 06/09/1995
2. Principal Place of		2a.	Maling Address	* *	
21 2300 CORAL WAY		26	2300 CORAL WAY		4. FELN imber 65-064-0773 Applied For Not Applicable
Suite, Apt. #, etc.			Suite. Apt. #, etc.		00.75
22		27			5. Certificate of Status Desired
City & State			Orty & State		
23 MIAMI FLORIDA,		28	MIAMI FLORIDA,		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Ziρ	Country	L.,	Zip	Country	This corporation has liability for intangible tax under s. 199.032,
24 33145	25 US.	29	33145	30 US.	Florida Statutes 🔣 Yes 🗋 No
9.	Name and Address of Curren	t Regis	lered Agent		10. Name and Address of New Registered Agent
				B1 Nan	ME OPTDA ANNUAL BERORE CRRUZOS
FLORIDA ANNUAL REPORT SERVICE, INC.				82 Stre	CORIDA ANNUAL REPORT SERVICE, INC. eet Address (P.O. Box Number is Not Acceptable)
1036 S.W. FIRST STREET				23	300 CORAL WAY SUITE # 200
MIAMI FL 33	3130			83	
				84 Oty	
	$ \left\langle \begin{array}{c} \lambda \end{array} \right\rangle$			M M	IIAMI FI 321/5
11. Pursuant to the programme registered age	provisions of Sections 607.0102	and 607	1.1508 Florida Stalutes	, the above named	
amiliar with, and		1 500/1	change was authorizer)505, Worlda Statutes.	thy the corporation	o curporation submits this statement for the purpose of changing its registered office in a board of directors. Thereby accept the appointment as registered agent, I am
SIGNATURE:	KALUU III XXXX		/ /\ AN	የ ልከል ሮልክሞሮ፤	RA LOPEZ.PRIS
	XXX XXXX V V V V	110	124) £	But the Age (Septite	MAR LOFEZ FR SS
12.	OFFICERS AND	DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	SD COST ACCURAGE CARRIAGE		XXDELETE	1.11006	PST Change Change Change
	OPEZ-AGUIAR, CARLOS C			1.2 NAME	Amada Lopez Cantera
_	040 S.W. 1ST STREET			1.3 STREET ADDRES	2300 Coral Way, Suite 201
	11AMI FL 33130			1.4.011Y ST-ZIP	Miami, Florida 33145
FITLE			DELETH	2 1 THEF	D Change XXAdd tion
NAME				2.2 NAME	
STREET ADDRESS				2.3 STREET ADDRES	Katharina Berg
CITY - ST - ZIP				2.4 CITY - ST - ZiP	2300 Coral Way, Suite 201
TITLE			□ DELETE	3 1 FITLE	Miami, Fb 33145 Change Addition
NAME -				3.2 NAME	والمناور
STREET ADDRESS				3.3 STREET ADDRES	s 500001807055
CITY-S1-/IP				3.4 CITY - ST - 7IP	** - 05/05/9501071017
TITLE			□ DELFTE	4 1 DILE	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	s 500001807055
CITY - ST - ZIP				4.4 CITY - ST ZIP	" - 05/05/38501071-018
TITLE			DELETE	5 1 TILLE	Change T Addron
NAME				5.2 NAME	0.4
STREET ADDRESS				53 STREET ADDRESS	s \{ \ /\<\\
CITY-ST-ZIP				54 CHY ST-ZIP	1/2/1
TITLE			DELETE	6 1 TITLE	Change Addition
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	8
CITY-ST-ZIP				64 OTV ST 70	
14. I do hereby certify	that the information supplied w	th tres f	ing is voluntarily furnish	ied and does not qu	ualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further

certify that the information indicated on this annual responder supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under appears in Block 12 or pock 13 if changed, or on an attachment with an address.

SIGNATURE:

4125/96 (305)854-1040