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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business  16430 NW 54 AVE HIALEAH FL 33014  POCUMENT # P95000050824 (8)  Mailing Address 16430 NW 54 AVE HIALEAH FL 33014								
					3. Date Incorporated or Qualified 06/29/1995	3a. Date 05/01/		leport
<del>-</del>		26. Mailing Address	Mailing Address		4. FEI Number	1 4-1-1		oplied For
21		26	4 <del></del>		65-0602786		<del></del> +	ot Applicable
Sufte, Apt. #, etc.		Suite, Apt. #, etc.					Additional equired	
City & State		City & State		6. Election Campaign Financing		<del></del>	May Be	
3		28		Trust Fund Contribution		Added		
, Zip	Country	Ζφ	Counti	У	8. This corporation has liability for i			. 199.032,
24	25 9. Name and Address of Curre	29 ent Registered Agent	30		Florida Statutes  10. Name and Address of New Re	Yes I		
16430 NW 54 AVE HIALEAH FL 33014			82	3	dress (P.O. Box Number is Not Acceptab	(o)		
			84	17	rporation submits this statement for the pation's board of directors. I horoby accep	FL	1	Code
SIGNATURE		igent and little if applicabile (NC ND DIRECTORS	OTE Flogistered A	gent signature requ	uired which reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DI	IRECTOP	NS IN 12
TITLE	D RAINERMAN, RICARDO	DELETE	1.3 TITLE				Change	Addition
NAME OVOCEY 4 DDDCCC	16430 NW 54 AVE		1.2 NAME					
STREET ADDRESS   CITY-ST-ZIP	HIALEAH FL 33014	•	1.3 STREE	T ADDRESS				
TITLE	V	DELETE	2.1 TOLE	31-71			Change	Addition
NAME	RAINERMAN, OSCAR		2.2 NAME				-	
STREET ADDRESS	16430 NW 54 AVE.		2.3 STREE	1 ADDRESS		•		
CITY-ST-ZIP	HIALEAH FL	DELETE	2. 4 CITY	- S1 - ZIP			I Cha	4 Jabr
TITLE NAME		☐ DCLFTE	3.1 TITLE 3.2 NAME			L	Change	Addition
STREET ADDRESS				t Addréss				
CITY-\$1-ZIP			3.4. CITY					
TITLE		DELETE	41 TITLE				Change	Addition
NAME		·	4 2 NAMI	ļ			-	
STREET ADDRESS			4.3 STHEE	1 ADDRESS				
CITY-ST-ZIP			4.4 CHY-	ST - ZIP				
TITLE		☐ DELÉTE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			l l	TADDRESS				
CITY-ST-ZIP		The Fre	5.4 CITY -	S1-ZIP			L 0 1	
TITLE		DELETE	6.1 TITLE			ليا	<b>J</b> Change	Addition
NAME CYDECT ADDRESS			6.2 NAME					
STREET ADDRESS CITY-ST-ZIP				1 ADDRESS				
GHT-81-7P	İ		6.4 CITY-	Sty ZIP I				

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 eath; that I am an officer or director of the coding attended to the reserver 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 ilyo Augsd. or on an attachment with an address.

**FILED** 

Apr 21 1997 8:00am

Secretary of State