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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9500054094 (4)

MAVIL OF AMERICA INC

SIGNATURE:

INDAME O	or realizable into				
Principal Place of Business		Mailing Address	Mailing Address		- 1 TACOLLEGI. HIR HALEY OLINY BONYA BOYAN BONYA BOYAN BUNYA BURNA BANYA DANYA DANYA DANYA DANYA DANYA DANYA
% 80 S.W. 8TH STREET SUITE 2000 MIAMI FL 33130		% 80 S.W. 8TH STREET Suite 2000 Miami FL 33130	SUITE 2000		
					3. Date Incorporated or Qualified 3a. Date of Last Report 07/13/1995 08/12/1996
2. Principal Pl	lace of Business	2a, Mailing Address			4, FEI Number Applied For
21		26			65-0597880 Not Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	У	8. This corporation has liability for intangible tax under s. 199.032,
24	25 Same and Address of Curr	29 29 Acent	30		Florida Statutes Sylves No
ACC	RAMUNT, LUIS	CIT TOPICIOO AGOIT	81	Name	10, National Address of Now Hoperstay Again
80 S	S.W. 8TH ST.		82	Street Addr	iress (P.O. Box Number is Not Acceptable)
	re 2000 Mi Fl 33130		83		
			84	City	FL 85 Zip Code
11. Pursuant I	to the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statut ate of Florida, Such change was	tes, the above	re-named corp by the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered  OFFICERS A	agent and title if applicable. (NOT AND DIRECTORS	TE: Registered Ac	ent algnature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	CHAVARRO, MIGUEL A		1.2 NAME		
STREET ADORESS	% 80 S.W. 8TH ST. SUITE 2	:000	1.3 STREE	T ADDRESS	
COY-ST-20F	MIAMI FL 33130		1.4 CITY -	ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	BUITRAGO, SONIA		2.2 NAME		
STREET ADDRESS	% 80 S.W. 8TH ST. SUITE 2	:000		T ADORESS	
CHY-ST-ZIP TITLE	MIAMI FL 33130	DELETE	2. 4 CITY- 3.1 TITLE	·····	☐ Change ☐ Addition
NAME		□ bereat	3.2 NAME	)	Change — Addition
STREET ADDRESS				ET ADDRESS	
CITY - ST - ZIP			3.4. CiTY-	·	
TITLE		DELETE	4.1 TITLE	<del></del>	Change Addition
NAVé			4. 2 NAME	<u> </u>	•
STREET ADDRESS			4.3 STREE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREE	T ADORESS	•
CHY-ST-ZIP	,	T 25) - 76	5 I CITY		
THILF		DELETE	6.1 TITLE	- 1	Change Addition
NAME			62 NAME	ì	
STREET ADDRESS		<b>\</b>	1	T ADDRESS	
CITY-ST-7#	by certify that the information supp	illed with this filing does not quali	64 CiTY-		d in Section 119.07(3)(i), Florida Statutes. I further certify that the
informatio	on indicated on this a mual eport of ifficer or director of the constitution in Block 12 or Block 13 if dianges	a supplies rental authuat report is t	true and acc wered to exe	curate and that	at my signature shall have the same legal effect as if made under oath; tha ort as required by Chapter 607, Florida Statutes; and that my name

CHERO DAY CASALINAT 700