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 # P95000056624 (6)

Principal Place of Business Address Principal Place of Business Address 274 E 9 ST HALEAH FL 33010 HALEAH FL 33010 Page 1 Place of Business Address Address								
					3. Date incorporated or Qualified 07/21/1995	3a. Date o		Report
 Principal 	Place of Business	2a. Mailing Address			4. FEI Number 65-0623548		h	pplied For of Applicable
Suite Apt #, etc. Suite, Apt		Suite, Apt #, etc.	#, elc.		5. Certificate of Status Desired	□ \$	8.75	Additional
City & State		City & State	City & State		6. Election Campaign Financing	Fee Required Incing \$5.00 May Be		
23			d		Trust Fund Contribution Added to Fees			
Ζφ. 24	Country [25])·)	Zip Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	9. Name and Address of Co	29 urrent Registered Agent	[30]		10. Name and Address of New Re			
	TSCH, BENJAMIN R		8	1 Name				
	W FLAGLER ST		8	2 Street Add	iress (P.O. Box Number is Not Acceptab	ile)		
	NTE 416		8	2				
MU	AMI FL 33130		•	3				
			8	4 Crty		FL 8	5 Zip	Code
SIGNATURE	Signature: specific printed name of register OFFICERS	S AND DIRECTORS	13.		uired when reinstating) ADDITIONS/CHANGES TO OFFIC	····	~~~~	
TITLE	PTD CRUZ, BENITO I	DELETE	1.1 TITLE 1.2 NAME			Ļ	Change	Addition
NAME STREET ADDRESS	AT - A AT		1	ET ADDRESS	•			
CITY-ST-ZIP	HIALEAH FL 33010		1,4 CITY)				
TITLE	VSD	DELETE	2 1 TITLE				Change	Addition
NAME.	CRUZ, IBRAHIM		2.2 NAM	j				
STREAT ADDRESS	HALEAH FL 33010		2.3 STRE 2. 4 CITY	ET ADDRESS				
HELE THE		DELETE	3 1 TITLE				Change	Addition
NAME			3.2 NAM	:				
- STREET ADDRESS	e.		3 3 STRE	ET ADDRESS				
COTY ST-ZIP		DELETE	3.4. CITY				Change	Addition
TITLE		L'I percie	4.1 TITLE 4. 2 NAM	4			Change	Addition
NAME STREET ADDRESS	4			ET ADDRESS				
CHY-ST-ZIP			4.4 City	i i				
THILE		DELETE 5.1					Change	Addition
NAM.			5.2 NAM					
STREET ADDRESS	S		5.3 STRE	ET ADDRESS				
CITY - \$1 - ZIP	1			LI ADDINEDO				
		Dritte	5.4 CITY	-ST-ZIP			Change	Addition
TITLE		DELETE	5.4 CITY 6 1 TITLE	-ST-ZIP			Change	Addition
NAME		☐ DELETE	5.4 CITY- 6.1 TITLE 6.2 NAME	-ST-ZIP			Change	Addition
	5	☐ DECETE	5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP			Change	Addition

14. Los 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 indicared 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 Lam 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CHANGE AND TYPED ON PRINTED NAME OF BIGNING OFFICER ON DIRECTOR

3/14/97

FILED

Apr 18 1997 8:00am

Secretary of State