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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

		Mailing Address 9127 NW 150 TERR				
MIAMI FL 3301	6	MIAMI FL 33018-1380				
					3. Date Incorporated or Qualified 08/07/1995	3a. Date of Last Report 04/30/1996
2. Principal P 21	nomal Place of Business 28. Mailing Address 26			711	4, FEI Number 65-0599095	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23	0	City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ	Country	Zip	Coun	ry	8. This corporation has liability for in	ntangible tax under s. 199.032, Yes No
24	25 9. Name and Address of Curre	29	30	·	Florida Statutes 10. Name and Address of New Re	
MAR	NEZ, MARISEL	one riogistores Agent		1 Name	10, Name and Address of Non-And	Justino Agoin
9127 NW 150 TERR MIAMI FL 33016				<u> </u>	ress (P.O. Box Number is Not Acceptab	le)
			E	4 City		FL 85 Zip Code
 Pursuant office or ragent, it a SIGNATURE. 	registered agent, or both, in the Stat am familiar with, and accept the obli-	te of Florida. Such change was gations of, Section 607.0505, F	authorized lorida Statu	by the corpora les.	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment as registered
	Signature, type-diony netter ran e of registered agent and title 4 applicable. (NOTE: Registered Agent signal OFFICERS AND DIRECTORS 13.			(gen) signalure requ	ADDITIONS/CHANGES TO OFFIC	DATE COOR IN 12
12.	PSD OFFICERS AF		DELETE 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	JIMENEZ, EDGARDO			· }	·	C viange C viannen
	9127 NW 150 TERR		1.2 NAN			
STREET ADDRESS	MIAMI FL 33016		1	ET ADDRESS		
CHY-St-7iP	VD DELETE			- ST-ZIP		Change Addition
TILLE	JIMENEZ, MARISEL		21 7176			C Cuttings C Nutrition
NAME	9127 NW 150 TERR		22 NAN]		
STREET ADDRESS	MIAMI FL 33016		1	ET ADDRESS		
CITY: ST-ZIF	MIL AND I E GOOTS	DELETE	2. 4 UII 3.1 TITL	Y-ST-ZIP		Change Addition
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CITY - ST - ZIP		DELETE		(-ST-ZIP		Change Addition
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OFF-ST-ZIP			1	-ST-ZIP		
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NAME			5.2 NAN	ie		•
STREET ADDRESS			4 · · · · ·	EET ADDRESS		
CITY-S1-ZIP				-ST-ZIP		
TIFLE		DELETE	6.1 TITL			☐ Change ☐ Addition
4 77	Į.					-

14. I do hereby certify that the information supplied with this fiting 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 oath; that I am 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 Block 12 or Block

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILED

Apr 28 1997 8:00am

Secretary of State

0125362