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 # P95000065544 (5)

Principal Plac 3285 & LAKEW SUITE B LAKE WORTH	VORTH ROAD	Mailing Address 3735 MILLAKE CIRCLE GREEN ACRES FL 33463-87	722		
US				3. Date incorporated or Qualified 08/23/1995	3a. Date of Last Report 04/09/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.		65-0606306	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & Stato		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution 8. This corporation has fiability for it	Added to Fees
24	25		30		Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	glatered Agent
GRE	5 MILLAKE CIRCLE EEN ACRES FL 33463 to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	32 and 607.1508, Florida Statute e of Florida. Such change was a pations of, Section 607.0505, Flo	83 84 City	poration submits this statement for the pition's board of directors. I hereby accept	FL 85 Zip Code
SIGNATURE	Signature typed or printed name of registered ag		Registered Agent signature requi		DATE
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	EHS AND DIRECTORS IN 12 Change Addition
NAME .	RODRIGUEZ, JOSE N	בַּין טנננונ	1.1 THLE 1.2 NAME		Citalings L. Modition
STREET ADDRESS	3735 MILLAKE CIRCLE		1.3 STREET ADDRESS		
City-St-ZiP	GREEN ACRES FL 33463		1.4 CITY-ST-ZIP		
TITLE	V	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, TERESA A		2.2 NAME		
STREET ADDRESS	3735 MILLAKE CIRCLE GREEN ACRES FL 33463		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	8	DELÈTE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	RODRIGUEZ, LUIS A	<u></u>	3.2 NAME		
STREET ADDRESS	3735 MILLAKE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN ACRES FL 33463		3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	4.4 CITY - ST - 7/P		
TITLE		□ DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-7IP 6.1 TITLE		Change Addition
NAME		□ bttc+t	6.2 NAME		E Sumple E MOUIIION
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	hy cortify that the information cumplic	d with this filing does not qualify		t in Section 119 07/3/(i) Florida Statuto	I forther contifue that the

4. I do nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.0/(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 13 if changed, or on an attachment with an address.

CIONATURE.

i)

17 561-962-999

FILED

Jun 19 1997 8:00am

Secretary of State