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

DOCUMENT # P9500068777 (8)

Principal Place of Business Mailing Address 835 NW 125 STREET 835 NW 125 STREET NORTH MIAMI FL 33168 NORTH MIAMI FL 33168-6421					
				Date Incorporated or Qualified 09/01/1995	3a. Date of Last Report 05/01/1996
F 1	lace of Business	2a. Mailing Address		4. FEI Number 65-0612818	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	e	Cily & State	181	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip 24	Country 25	7 ip	Country 30	8. This corporation has liability for	
[24]	9. Name and Address of Curre		[30]	10. Name and Address of New Re	T
HERNANDEZ, ALEXANDER 81 Name					
	NW 125 STREET				
NORTH MIAMI FL 33168			82 Street Add	ress (P.O. Box Number is Not Acceptab	oie)
			83		
\					
			84 City		FL 85 Zip Code
office or r agent 1 a SIGNATURE	egistered agent, or both, in the Stat in familiar with, and accept the obli- storage reported and accept the obli-		authorized by the corporal orida Statutes. TE Registered Agent signature requi	poration submits this statement for the pation's board of directors. I hereby acception when reinstating)	ot the appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12
T-1LF	PSDC	DELETE	1.1 TITLE		Change Addition
NAME	HERNANDEZ, ROLANDO		1.2 NAME		
\$TREET ADORESS	6512 NW 57 LANE		1.3 STREET ADDRESS		
CHY ST 20	PARLAND FL 33067		1.4 CITY - ST - ZIP		
TITLE	VTD	DELETE	2 1 TITLE		Change Addition
NAM)	HERNANDEZ, MICHELLE M.		2.2 NAME		
STREET ADDRESS	6512 NW 57 LANE		2.3 STREET ADDRESS		
Cdy-S1-7#	PARLAND FL 33067		2. 4 CITY - ST - ZIP		¢113
THECE	V	DELETE	3.1 TITLE		Change Addition
NAM:	HERNANDEZ, ALEXANDER		3.2 NAME		\
STREET ADDRESS	835 NW 125 ST.		3.3 STREET ADDRESS		
Crity St-Zif	NORTH MIAMI FL 33168	Floreste	3.4 CITY-ST-ZIP		
TITLE		DELETE	4 1 TITLE		L.J. Change L.J. Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CHY ST-72	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	4.4 CHY-ST-ZIP		Change Addition
Tiluf		□ herrit	51 TITLE		The cusules The Within the
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST ZIF	, ,	DELETE	5.4 CITY - ST - ZIP	718.45.47	Change Addition
THEE	İ	DECE E	6.1 TITLE		Firende Firenquinen

14. If 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 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.

ROLANID HERNANIC 7.

6 3 STREET ADDRESS

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

4-5-97

Daytime Phone #

954341 0140

FILED

Apr 08 1997 8:00am

Secretary of State