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 # P95000073043 (8)

ONCE A YEAR, INC.

Principal Place	e of Busines	S		Mailing Address					BEIN INNE	citri Serri didi	9 film coat
8355 SW 78 STREET MIAMI FL 33143				8355 SW 78 STREE MIAMI FL 33143-383							
MINITE ONLY	N		,	MINIMI 1 E 001 10 000	•••						
								3. Date Incorporated or Qualified 09/20/1995		te of Last R 28/1996	eport
2. Principal P	lace of Busi	riess	2	a. Mailing Addres	SS	•		4. FEI Number		Ap	plied For
21			26					65-0610204			t Applicable
Suite, Apt. #, etc				Suite, Apt. #. etc.			5. Certificate of Status Desired		\$8.75 / Fee Re		
City & State			27	City & State			A Florida Consulta Florida			<u> </u>	
23			25	28				Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zip		Country		Zip	Col	untry		8. This corporation has liability for i			
24		25	29	9	30	·		1	_ ~ ~] No	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name		s of Current Reg					10. Name and Address of New Re-	pistered A	\gent	
GAF	RCIA, DEBO	DRAH				81	Name				
	5 SW 78 S					82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
MIA	MI FL 3314	13									
						83					
						84	City	, , , , , , , , , , , , , , , , , , ,	FL	85 Zip	Code
11. Pursuant	to the provis	sons of Section	ons 607.0502 and	1 607 1508. Florida	Statutes, the a	bove	e-named corpo	oration submits this statement for the p	urpose of	changing if	s registered
office or r	registered a	gent, or both.	in the State of Flo	orida. Such change of Section 607 05	e was authorize	d by	the corporation	on's board of directors. I hereby accer	at the appoint	ointment as	registered
	2.77 (31-111)(31-44	inini dina dece,	or the ornginons	0.1000001001.00	300, 1 101100 010		,.				
SIGNATURE	Signature type:	dice printed name o	4 registered agent and l	litle if applicable	(NOTE: Register	egA be	nt signature require	d when reinstating)	DATE		
12.		OFI	FICERS AND DIR		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	D			DELE	ETE 111	ITLE				Change	Addition
NAME	GARCIA, DEBORAH					IAME					
STREET ADDRESS		99TH AVE			1.3 5	TREET	ADDRESS				
CITY-ST-Z-P	MIAMI F	L 33165				ITY - S	T- ZIP			T-1-2.	
TITLE				[] DELI						L Change	Addition
NAME					B	IÁMÉ					
STREET ADDRESS							ADDRESS				
CITY - ST-ZIP	 			DELE			ST-ZIP			Change	Addition
TITLE NAME				المال المال		IAME	ŧ			ال Glange ب	- NOUMON
STREET ADDRESS											
CITY - ST - ZIP							Anneess]
CHT-SI-7II					3.3 5	TREET	ADDRESS				
TITLE	<u> </u>	- 		DEL!	3.3 5	TREET CITY-S				Change	☐ Addition
TITLE		- 		☐ ĐELI	3.3 5 3.4 9 ETE 4.1 1	STREET CITY - S TITLE				Change	Addition
NAME				DELI	3.3.5 3.4 ETE 4.11 4.2	STREET CITY-S TITLE NAME	ST-ZIP			Change	Addition Addition
NAME STREET ADDRESS				☐ DELI	3.3 5 3.4 ° ETE 4.11 4.2 4.3 5	STREET CITY - S TITLE NAME STREET	ADDRESS			Change	Addition
NAME				☐ DELI	3.3.5 3.4 4.11 4.2 4.3.5 4.4.1	STREET CITY-S TITLE NAME	ADDRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					3.35 3.4 ETE 4.11 4.2 4.35 4.41 ETE 5.11	TREET CITY - S TITLE NAME STREET CITY - S	ADDRESS	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
NAME STREET ADDRESS CITY-ST-ZIP TITLE					3.3 \$ 3.4 \$ 4.11 \$ 4.2 \$ 4.3 \$ 4.4 \$ 5.11 \$ 5.2 \$ \$ 5.2 \$ \$ 5.2 \$ \$ \$ 5.2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADDRESS				
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NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME					3.3 5 3.4 4 4.11 4.2 43.5 4.4 4 5.11 5.2 8 5.3 5 6.4 0	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS ADDRESS ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ DEU	3.35 3.4 9 ETE 4.11 4.2 435 4.44 ETE 5.11 5.28 5.33 6.44 ETE 6.11	STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS ADDRESS ADDRESS			Change	Addition

14. To 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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

1-17-97 (305)596-7795

FILED

Jan 24 1997 8:00am

Secretary of State