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

**CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000073654 (2)

**B INFFINITO CORPORATION** 

Principal Place of Business
725 MAJOREA AVE
COMPAN CARLES EL SOASA

Mailing Address

**FILED** Apr 28 1997 8:00am Secretary of State



725 MAJOREA CORAL GABLES US		725 MAJOREA AVE CORAL GABLES FL 33134-375 US	54			
				<ol> <li>Date Incorporated or Qualified 09/22/1995</li> </ol>	3a. Date of Last Report 03/27/1996	
2. Principal Pl	SW 28 <sup>TH</sup> BOAD	2a. Mailing Address 26 35 SW	28 <sup>+71</sup> R04	D 4. FEI Number 65-0677025	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 000	MI, FL	28 MUAM	, FC	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 <sup>Z1</sup> 33/	129 25 USA	29 33 129 30	Country CA		Yes No	
9, Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  Name Applana D  81 Name Applana D						
	ra, adriana d Majorga av	OTRA ADRIANA				
CORAL GABLES FL 33134				deress (P.O. Box Number ja Nor Acceptati	(e)	
			83 1/1	MAI		
			84 City	7) 20	- 85 Zip-Code (2	
	10	1007 (500 51 11 0)			FL   33/129	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE R	legistered Agent signature	required when reinslating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	PD PURPOS A CONTACT OF	DELETE	117IILE	PO	[XX] Change   Addition   5	
NAME	DUTRA, ADRIANA L	·	1.2 NAME	ADRIANA DUTRA	INV NO # OI	
STREET ADDRESS	7930 TANN WATER WAY DR. #	ס	13 STREET ADDRESS	7930 TAMM WATER W MIAMI FL 33141	MY DE. W. I	
CITY-ST-ZIP	MIAMI FL 33141	DELETE	14 C(1Y - S1 - Z(P	17474 PC 35477	Change Addition	
TITLE			2 t TITLE			
NAME STREET APPROVAGE			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition	
NAME		<del></del>	3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELFTE	41 TILLE		Change Addition	
NAME			4 ZINAME			
STREET ADDRESS			43 STREET ADDRESS			
CITY-ST-ZIP			445-TY-ST-7IP			
TITLE		DELETE	5 f 打LE		☐ Change ☐ Addition	
NAME			52 JAME			
STREET ADDRESS			5.3 TREE1 ADDRESS			
CITY-ST-ZIP			5.4 ITY-ST-ZIP			
TITLE		☐ DELETE	6.1 ILE		☐ Change ☐ Addition	
NAME			6.2 AME			
STREET ADDRESS			6.3   REE1 ADDRESS			
CITY-ST-ZIP			6- IY-ST-ZIP			
14 I do here!	by cartify that the information supplied	with this filing does not qualify !	for to exemption st	ated in Section 119.07(3)(i), Florida Statute:	s. I further certify that the	

Information indicated on this annual report or supplemental annual report is true an I am an officer or director of the corporation or the receiver or trustee empowered tappears in Block 12 or Block 13 it changed, or on an attack most with an address.

accurate and that my signature shall have the same logal effect as if made under oath; that execute this report as required by Chapter 607, Florida Statutes; and that my name