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 # P95000074360 (5)

Principal Place		Mailing Address 1850 40TH AVENUE #8-106				
VERO BEACH FL 32960		VERO BEACH FL 32960-2584			3. Date Incorporated or Qualified	3a. Date of Last Report
0 0::-10	leas of Discipana	2a. Mailing Address			09/25/1995 4. FEI Number	07/18/1996 Applied For
2. Principal Place of Business		26		65-0616092	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CQ 75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	,	8. This corporation has liability for	
24	25		30		Florida Statutes 10. Name and Address of New Re	Yes No
	9. Name and Address of Curre	int Hegistered Agent	81	Name	IV. Name and Address of New Ac	gistered Agent
	MONTES, JOSE					
	0 40TH AVENUE		82	Street Add	dress (P.O. Box Number is Not Acceptate	ole)
B-11			83			
YER	RO BEACH FL 32960					
			84	City		FL 85 Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the obli- Stgnature, typest or printed name of registered a	gations of, Section 607.0505, Fig	Frida Statute	S.	rporation submits this statement for the pation's board of directors. I hereby acceptuired when reinstating)	DAIF
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.3 TITLE			Change Addition
NAME	VIAMONTES, JOSE		1.2 NAME			
STREET ADDRESS	1850 40TH AVENUE, B-108 VERO BEACH FL 32960			T ADDRESS		
CITY - ST - ZIP	VERU BEAUTI PL 32900	DELETE	1.4 CH1Y - 2.1 Till LE	ST - ZIP		Change Addition
TITLE						
NAME			2.2 NAME	T ADDRESS		
STREET ADDRESS			2.3 STITE			
CITY-ST-ZIP		DELETE	3 1 TITLE			Change Addition
NAME	•		3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY - ST - ZIP			3.4. CITY-	\$T-ZIP		
TITLE		DELETE	4,1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY - ST - ZIP				ST-ZIP		Oborna Flagger
TITLE		DELETE 5.1				Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-SI-7IP		DELETE	5.4 CITY - 6.1 TITLE	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
TITLE		EI.Delete				
NAME			62 NAME	1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CHY-	31.5h		

14. I 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.

FILED

Feb 13 1997 8:00am

Secretary of State