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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000077536 (7)

MIRAMA Principal Place 4597 NORTHWE	R TOURS & SERVICES, INC e of Business EST 7 STREET	Mailing Address 4597 NORTHWEST 7 STRE MIAMI FL 33126-2306	EET		
			·	 Date Incorporated or Qualified 10/10/1995 	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 21		26. Mailing Address		4, FEI Number 65-0613487	Applied For Not Applicable
Sulte, Apt. #, etc.		Suite, Apt #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5,00 May Be
Zip Country				Trust Fund Contribution	Added to Fees
. 21P	25 25 Q. Name and Address of Curren	29	30	B. This corporation has liability for Florida Statutes 10. Name and Address of New R	Yes No
RODRIGUEZ, JEANNETH C. 4597 NW 7TH STREET MIAMI FL 33126			81 Name 82 Street 83 84 City	Address (P.O. Box Number is Not Accepta	FL 85 Zip Code
11. Pursuant office or r agent. I a				corporation submits this statement for the poration's board of directors. I heroby acce	
12,	Signature, typed or printed name of registered ages OFFICERS AND		TE Registered Agent signature 13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PSD	☐ DELETE	1.1 TITLE	VICE-PRESIDENT	Change 🚺 Addition
NAME STREET ADDRESS CITY-ST-ZIP	RODRIQUEZ, JEANNETH C 4597 NORTHWEST 7 STREET MIAMI FL 33126	•	1.2 NAME 1.3 STREET ADDRESS - 1.4 CITY-ST-ZIP	MARCELA DUQUE-RATOR 4597 N.W. 7 STREET MIAHI- FL 33126	VICH
TITLE	MINWI I C 00 I CO	DELETE	2.1 HILE	PHARIPE SOIPS	Change Addition
NAME			2.2 NAMa		
STREET ADDRESS			2.3 \$TREE1 ADDRESS		
:CITY-ST-ZIP		DCLFTE	2. 4 CITY - ST - ZIP		Change Addition
TITLE NAME		ביין טנווונ	3.1 TOLE 3.2 NAME		· Onlarige [] Robinor
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CHY-ST-ZiP		
TITLE		☐ DELFTE	417171.		Change Addition
NAME			4. 2 NAME		Ì
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST- Z IP		DELETE	4.4 CHY+S1+ZIP 5.1 TOLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 DHY-ST-ZIP		
TITLE		DELETE	61 MITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			63\$1RFF1 ADDRESS		
CITY-ST-ZIP			6.4 CHY-S1-ZIP		

1. 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 12 or Block 12 or on an attachment with an address.

the Redicado

1.125/01

205-1411-1640

FILED

May 09 1997 8:00am

Secretary of State