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 # P95000077827 (0)

GARCIBUENO ENTERPRISES INC.

Principal Place of Business Mailing Address				T TO DISTRIBUTE THE SOURCE BOOK DRIVE BOOK DRIVER BOOK	(BB)()
2121 PONCE D CORAL GABLE	DE LEON BLVD. STE 711 S FL 33134	2121 PONCE DE LEON B CORAL GABLES FL 33134			
				3. Date Incorporated or Qualified 10/11/1995	3a. Date of Last Report 09/20/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 65-0611978	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Dosired See Required \$8.75 Additional Fee Required	
City & State	0	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7(p	Country 30	8. This corporation has liability for	
	g. Name and Address of Current	Registered Agent		10, Name and Address of New Re	
				MICHAEL JAN TRAU	TMAN
2121 PONCE DE LEON BLVD. STE 711			82 Street	Address (P.O. Box, Number is Not Acceptate)(p) (21.110
COF	VAL GABLES FL 33134		83	2121 10402 12 12 01	3 12CVI)
	^-	_			
			B4 City C	CORAL GABUES	FL 85 3 7 Code 3 4
11, Pursuant	to the provisions of Sections 0.17.0402	and 607.1508 Florida Statu	tes, the above-named	corporation submits this statement for the p	
office or a	egistered agent or both, in the Sixte- om familia with, and accept the obligat	rt Florida Such thange was ions of Section 503 0505. Fi	authorized by the corporida Statutes.	corporation submits this statement for the poration's board of directors. I hereby acceptions	of the appointment as registered
SIGNATURE	*III. Way OU	017 M	oritina ottatoto.		
SIGNATURE	Signature, types or primuo name of register 3 agent	and title it applicable (NO	. Hogistored Agent signal ro	required when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D DIENO MADIA C	TA DETE IF	1.1 TITLE	PRESIDENT AND MICHAEL JAN TRAUTA	
NAME	BUENO, MARIA C 2121 PONCE DE LEON BLVD. S	STE 711	1.2 NAME	SIZI PONCE OF TEOL	J'RLVD
STREET ADDRESS	CORAL GABLES FL 33134)IE / I I	1.3 STREET ADDRESS	CORAL GABLES 1	
CITY-ST-ZIP	D	DELETE	1.4 GHY - \$1 - ZIP 2.1 HTLE	10001	Change Addition
NAME	SCHECHNER, JOSEPHINE	A state	2.2 NAME		E Stange E Station
STREET ADDRESS	2121 PONCE DE LEON BLVD.,	STE 711	2.3 STREET ADDRESS	·	
CITY-ST-ZIP	CORAL GABLES FL 33134		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 1ITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	·		3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 Title	'	Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.9 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		L DELETE	5.1 TALE	:	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELFTE	6.4 CITY - ST - 7IP		Change Addition
NAME		ota it	6.2 NAME		E change E Acquion
			6.3 STREET ADDRESS		
STREET ADDRESS		\wedge	6.4 CITY-ST-ZIP		
14. I do heret	by certify that the information supplied	with this filing does not dual	fy for the exemption s	I dated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informatio I am an of appears in	in indicated on this annual report or su fficer or director of the earph ation or/ n Block 12 or Block 13 II changed, or o	polomental annual report is the receiver or trustee election on trustee election in attachment with an ad-	true and accurate and vered to execute this r dress.	lated in Section 119.07(3)(i), Florida Statute i that my signature shall have the same loga report as required by Chapter 607, Florida S	I effect as if made under path; that datules; and that my name

FILED

Apr 17 1997 8:00am

Secretary of State