## 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 # P95000081536 (1)

## FILED Jan 14 1997 8:00am Secretary of State

		Mailing Address 4041 N.W. 28TH STREI MIAM) FL 33142-5611	ET						
						<ol> <li>Date Incorporated or Qualified 10/24/1995</li> </ol>	3a, Dat 04/1	e of Last Re <b>9/1996</b>	eport
2. Principal Place of Business 2a. Mailing Addres			}			4. FEI Number		<u> </u>	plied For
21 26 Suite Apt. # etc. Suite Apt. #, etc.						65-0651464			t Applicable
22 Suite, Ap	L# OU.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & Sta	ate	City & State			<del></del>	6. Election Campaign Financing		\$5.00	<del></del>
23		28				Trust Fund Contribution		Added to	
Zip	Country	Zip	<u></u> ⊢	Intry		8. This corporation has liability for i			199.032,
24	25	29	30	т—		Florida Statutes  10. Name and Address of New Reg	Yes [		
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Ne	gistered A	gent	
	PEZ-CASTRO, AMADEO III 1 PONCE DE LEON BLVD.								····
	ITE 304			82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
	ORAL GABLES FL 33134			83					
00	THE CADELS I'L CO TO						,,,,,,,,	<del>.,</del>	
				84	City		FL	<b>85</b> Zip (	Code
agent I SIGNATURE						oration submits this statement for the pon's board of directors. I hereby accepted when reinstating)	DATE.	muneri as	
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12
TITLE	P	DELETE	11 T	ITLE				Change	Addition
NAME	CARLOS G. BERDEAL		1.2 N	IAME					
STREET ADDRESS			1.3 S	TREET	ADDRESS				
CITY-ST-ZiP	MIAMI FL			ITY - S	T-ZIP			<del></del>	
TALE	ST DELETE		1	2.1 TITLE			,	Change	Addition
NAME	LILIAM BERDEAL 4041 NW 28 ST		22 N						
STREET ADDRESS	MIAMI FL		1		ADDRESS				
CITY - ST - ZIP	MINMITL	DELETE			ST-ZIP			Change	Addition
TITLE		בן סנננונ	317 32N					Change	L ACCIDIO
NAME STREET ADDRESS					ADDRESS	·			
CITY - ST- ZIP			- 1		ST-ZIP				
TITLE		DFLETE	4.1 7		OI - EN	<u> </u>		Change	Addition
NAME				VAME			,	· <del></del>	
STREET ADORESS	3				ADDRESS				
CITY- ST-ZIP									
TITLE				5.1 TITLE				Change	Addition
NAME			5.2 N	IAME					
STREET ADDRESS	į				ì				
o	s		5.3 \$	TREET	ADDRESS				
CITY - ST - ZIP	S			STREET SITY - S	-				
TITLE	S	DELETE		ITY- S	-			Change	Addition
	S	DELETE	54 C	ITY- S	-			Change	Addition
TITLE		DELETE	540 617 62N	OTY - S OTLE IAME	-			Change	Addition
TITLE NAME		DELETE	540 611 62N 635	OTY - S OTLE IAME	ST-ZIP  ADDRESS			Change	Addition

4. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and capted in 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 copporation or the receiver or trustee propowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or block 13 Vehanged or on an attachment with an address.

SIGNATURE:

STYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/97 305-871-4653 Daylore Phone