## 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 # P95000083327 (3)

BUYER'S HUNT, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 30 1997 8:00am Secretary of State



17000 NORTHV MIAMI FL 3301	WEST 67 AVENUE. SUITE 337 5	17000 NORTHWEST 67 A MIAMI FL 33015-4061	IVENUE. SI	JITE	337					
					3. Date Incorporated or Qualified 10/31/1995 3a. Date of Last Report 05/01/1996					
	lace of Business	2a. Mailing Address			4. FEI Number 65-06/8	346		Applied For		
Sulte, Apt. #, etc.		Suite Ant # etc	<b>26</b>			Not Applicable Not Applicable \$8.75 Additional				
22 City & City of		27	<del>├</del> ¬			5. Certificate of Status Desired		Fee Required		
23		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	25 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
	9. Name and Address of Curre	ent Registered Agent			1	10. Name and Address of New Re	pistered A	gent		
	UILLO, NELLY DO AMORTANICOT OF AMENIUS (	NUTE 007		81	Name					
17000 NORTHWEST 67 AVENUE, SUITE 337 MIAMI FL 33015				82	Street Add	Address (P.O. Box Number is Not Acceptable)				
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				83	<b> </b>					
				84	City		FL	<b>85</b> Zi	ip Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statu	itos, the at	OOVE	L e-named cor.	poration submits this statement for the palicn's board of directors. Thereby accep		<u>L</u> L changing	g its registered	
agent. I a	<b>egistere</b> d agent, or both, in the Stat <mark>m famili</mark> ar with, and accept the obli	ie of Florida. Such change was gations of, Section 607.0505, Fl	authorized Iorida Stat	a by ules	y the corpora s.	ation's board of directors. Thereby accep	it the appo	piritment	as registered	
SIGNATURE		Han and a second	76 to							
12.	Signature, typod or printed name of registered a OFFICERS A	NO DIRECTORS	13.	n wak	en signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND	DIRECT	ORS IN 12	
TITLE	PSTD	DELETE	1.1 10	LF	T			Chang		
NAME	TRUJILLO, NELLY	NAT ALITE AAN	1.2 N/	IM/						
STREET ADDRESS	17000 NORTHWEST 67 AVEI MIAMI FL 33015	NUE, SUITE 337	1.5 ST	HE F1	ADDRESS					
CITY-ST-ZIP TITLE	MIMMI FL 33013	DELETE	1.4 CI 2.1 TJ		ST - ZIP	······································		Chano	ne Addition	
NAME		L bitch	22 N/						ic Modululi	
STREET ADDRESS					ADDRESS					
ÇITY-ST-ZIP					ST-71P					
TITLE		DELETE	3.1 11					Chang	je 🔲 Addition	
NAME			3.2 N/	\M(						
STREET ADDRESS			3.3 ST	REET	ADDRESS					
CITY-ST-ZIP					ST-7IP			П	7.88	
TITLE		☐ DELETE	4.1 TI					L. Chang	ge 🔲 Addition	
NAME OTREET ADORESE			4 2 N		ADDRESS					
STREET ADDRESS City-St-Zip					ADDRESS					
TITLE		DELETE	5.1 TI		51 - ZIP			Chang	e Addition	
NAME			5.2 N/		1					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			5.4 CI	1Y-S	61 - ZIP					
TITLE		☐ DELETE	6.1 TI					☐ Chang	ge Addition	
NAME			6.2 N/	\M£						
STREET ADDRESS			6.3 ST	REFT	ADDRESS					
CITY-ST-ZIP			6.4 CI	TY-S	ST - ZIP	wang saman na kalin mana nagan man man manang miliya nanangan akami na mambaha kami Asah kaka kaha kaha kaka m				
14 I do heret	su aadilu that tha information accord	own with this tiles alone and accel	liter for the	~~~	median state	a in Spetion 110 07/9Vi). Elorida Statutor	a I fourth av	طها والكافوة	20141.0	

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 trusted empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with in address.