## FILE NOW: FILING FEE AFTER MA

**PROFIT CORPORATION ANNUAL REPORT** 1997



DOCUMENT # P95000086670 (3)

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Apr 29 1997 8:00am Secretary of State

GE NEAL							
Principal Place	of Business	Mailing /	Address			COICH IBHT BHIC BHILL	
5757 COLLINS		5757 COLUNS AVENUE					
SUITE 908		SUITE 90	)6	***			
MIAMI BEACH I	FL 33140	MIAMI BEACH FL 33140-2305			Date Incorporated or Qualified	3a. Date of Las	et Penert
					11/09/1995	01/30/199	6
	ace of Business	₩,	ng Address		4, FEI Number	<u> </u>	Applied For
21	4 -1-	26 Cuito	, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	65-0619383	\$0.7	Not Applicable  5 Additional
Sulte, Apt.	#, etc.	27	e, Apr. #, erc.		5. Certificate of Status Desired	1 1 7 -	Required
City & State			& State		6. Election Campaign Financing		00 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip		Country	8. This corporation has liability for in	ntangible tax unde	er s. 199.032,
24	25	29		30		Yes 🗌 No	
	g. Name and Address of Curren	t Registered	Agent		10. Name and Address of New Reg	gistered Agent	
₹ RIQ!	IMAN, JEROME S	£\$		81   TT	MOTHY S. KINGCADE,	<u>-</u> so•	
RIĆH	MAN GUTTENMACHER BOHATI	CH & FUER	ST 🤼.	82 :	<del>-</del>		
· 19 Y	V. FLAGLER ST., 14TH FLOOR				VICTORIA BUILDING		
🐣 🐫 MIA)	MI FL 33130			83	2903 SALZEDO STREET		
	•			84 (		85 2	Prp Code
					RAL GABLES, FL 33134-6611		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.15 of Elorida, Su	08, Florida Stat ich change was	utes, the above-named corp s authorized by the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changir If the appointment	ig its registered as registered
agent. I a	m familiar with, and accord the oblig	ations of, Sec	tion 607 0505, I	Florida Statutes.		0/07	
SIGNATURE	/ /		MOTH	S. KINIGERO	e 4//	7/7/	
	Signature, typed or printed name of registered ago OFFICERS AN			OTE: Registered Agent vig lature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE DIDECT	M 2SIN 12
12.	D OFFICERS AIN	DUMECTON	DELETE	13.	ADDITIONS/OFFANGES TO OFFICE	Chan	
NAME	GARCIA, ELDA			1.2 NAME		<del>_</del>	
STREET ADDRESS	% 5757 COLLINS AVE. #906			1.3 STREET ADDRESS	•		
CITY-ST-ZIP	MIAMI BEACH FL 33140			1.4 CITY - ST - ZIP			
TITLE	D		DELETE	2.1 TITLE		☐ Chan	ge Addition
NAME	GARCIA, ARISTIDES			2.2 NAME			
STREET ADDRESS	% 5757 COLLINS AVE. #906			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140			2. 4 CITY - ST - ZIP			
TITLE		• • • • • • • • • • • • • • • • • • • •	DELETE	3.1 TITLE		☐ Char	ige Addition
NAME				3 ? NAME			
STREET ADDRESS				3 3 STREET ADDRESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP			
TITLE		-	DELETE	4.1 TITLE		☐ Char	ige 🔲 Addition
NAME				4. 2 NAME			
STREET ADDRESS	i			4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY - ST - 7IP			
TITLE			☐ DELETE	5.1 TITLE		Char	nge Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CHTY-ST-ZIP				5.4 CITY - ST - ZIP		77.	-11100
TITLE			☐ DELETE	6.1 TITLE		☐ Char	nge [_] Addition
NAME				62 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

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 conforation or the receiver of trust of 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 attach the made and address.