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 # P95000095169 (5)

APPROVED AND FILED

1997 JUL 18 JM 11: 10

SECRETARY OF STATE
TALLAHASSEF, FLORIDA

	ORPORAT			Mailing Addre	188								
950 BW 138 PLACE 950					Maining Address 950 SW 138 Place Miami Fl 33184-3009				ļ				
										 Date Incorporated or Qualified 12/15/1995 		Date of Last Re 8/12/1996	eport
2. Principal P	lace of Busin	ness		2a. Mailing Address						4. FEI Number			oplied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.						65-0628922			ot Applicable
22]				27				İ	5. Certificate of Status Desired	X	₩ \$8.75 / Fee Re		
City & Stat	0			City & State				-	6. Election Campaign Financing		\$5.00	May Be	
23				28					Trust Fund Contribution		Added t		
Zip 24	ip Country			Zφ Cc			Country			This corporation has liability to Florida Statutes		ble tax under s. □ No	. 199.032,
24	9. Name		of Current Reg			30]	·			10. Name and Address of New R			
CAS					<u>.</u>		81	Name					
CASTELLANO, MARIO 950 SW 138 PLACE							82	Stroot A	ddress (P.O. Box Number is Not Acceptable)				
MIAMI FL 33175							٠	30001 A	dures	s (F.O. Box Number is Not Accepte			
						i	83						
							84	City				85 Zip (Code
44 Durament	to the measie	ions of Castis	no 607 0602 nna	E07 1500 Etc	orida Ctaluta	o the el		namad.	- OFFICE	ation submits this statement for the	F		to registered
office or r	to the provisi registered ac	gent, or both, i	ns 607.0502 and n the State of Flo	rida. Such ch	ange was a	uthoriza	d by	the corp	oration	ation submits this statement for the i's board of directors. I hereby acce	purpose apt the a	pointment as	registered
	ım familiar w	ith, and accer	t the obligations	of Section 60	17.0505, Flo	rida Stat	utes) .			cl.	les	
SIGNATURE	Signature typico	or printed name of	registered agent and	irlo if applicable	(NOTE	: Flog steret	d Age	nt signature r	equired v	when reinstating)		[-] - 	
12.		OFF	ICERS AND DIR			13.				ADDITIONS/CHANGES TO OFFI	CERS A		
TITLE	PD	0 111NO		LJ	DELÈTE	1110	TLE	- 1		· ·		Change	Addition
NAME		LO, MARIO				1.2 N/							
STREET ADDRESS		138 PLACE						ADDRESS					
CITY-ST-ZIP TITLE	MIAMI FI	_ 331/5			DELETE	2.1 Ti	IY-SI	T-ZIP	-	n In		Change	Addition
NAME				U	DELETE	2.1 H		1	0,1	SACTALLA	-4 <i>10</i> 1	C Crange	Addition
STREET ADDRESS								ADDHESS	2/4	UIA CHSIELLA	7 00		
								T-ZIP	37	61 6W 157 PLACE	-		
CITY-ST-ZIP TITLE					DELETE	3111		14 · ¢11	-11	WIA CASTELLA W SW 139 PLACE WALL LE 3317	F	Change	Addition
NAME						3.2 N/		1		8000022		anaia.	4
STREET ADDRESS	ĺ							ADDRESS		-07/21	/97	01102	003
CITY-ST-ZIP								ST-ZIP		# ** #\$5	8.75	011020 ****55	58.75
TITLE					DELETE	4.1 10						Change	Addition
NAME						4. 2 N	AME	Į					
STREET ADDRESS						4.3 \$1	REFT.	ADDRESS					
CITY-ST-ZIP	<u> </u>					440	TY-S1	T - ZIP				· · · · · · · · · · · · · · · · · · ·	
TITLE					DELETE	5111	TLE					Change	☐ Addition
MME	1					52 N/	AME	ŀ					į
STREET ADDRESS						5.3 \$1	IREET	ADDRESS					
CITY-ST-ZIP						5.4 Ci		T-ZIP					1
TITLE	ļ				DELETE	6.1 Ti	TĿ€					☐ Change	/ L.J. Addition
NAME						6.2 NA		l				φ'	'MAY'
STREET ADDRESS								ADDRESS				\mathcal{N}	180
CITY-ST-ZIP]					6.4 CI	TY-SI	1-7IP				. 1	1

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 logal 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 13 if changed, or on an attachment with an address.

305 26 (6251