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 # P9600004742 (8) SOUTHWEST THIRD STREET INVESTMENT, INC.

FILED May 01 1997 8:00am Secretary of State



Principal Place of Business 2307 S.W. 37TH AVENUE SUITE 401 MIAMI FL 33145		Mailing Addre	ss							
		2307 S.W. 37TH SUITE 401 MIAMI FL 33149								
MIRM: FL 99140		MINIMI (P. 20)	. ••••			3. Date Incorporated or Qualified 01/16/1996	3a. Date	of Last R	eport 96	
2. Principal Pia	ace of Business	2s. Mailing Ad	2s. Mailing Address			4. FEI Number	,	Αp	oplied For	
21		26	26			65-063849	6	No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27				of continents of status seemed		Fee Re		
City & State		City & Stat	City & State			6. Election Campaign Financing		\$5.00		
23		28				Trust Fund Contribution		Added I		
Zip	Country	Zip		_ Country	•	8. This corporation has liability for			. 199.032,	
24	25	29	3(0			Yes 🔲			ł
	9. Name and Address of Curr	rent Registered Agen	<u>t</u>	81	Name	10. Name and Address of New Re	Bisteleo võ	ent		{
	NOS, MARIO R			8'	Namo					ĺ
	S.W. 37TH AVENUE		B2 Street Add			dress (P.O. Box Number is Not Acceptable)				
	E 401		_							ł
COR	AL GABLES FL 33145			83						
				84	City		EI	85 Zip (Code	l
					L		FL		la ranialarad	┨
11. Pursuant to office or re	o the provisions of Sections 607.0 egistered agent, or both, in the St	1502 and 607.1508, Fit ate of Florida. Such ch	orida Statules, ange was aut	, the abov thorized b	e-named cor y the corpora	poration submits this statement for the patient's board of directors, I hereby accept	pt the appoir	nanging it ntment as	registered	ļ
agent. I ar	n tamiliar with, and accept the ob	digations of, Section 60	07.0505, Florid	da Statute	S.					
SIGNATURE .	Signature, typed or printed name of registered		woll f	Complete of Am		ared when reinstating)	DATE			
12.		AND DIRECTORS	(NOTE 1	13.	ent agrintare requ	ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12	g
TITLE	D OTTOERS		DELETE	1111111				Change	Addition	96/6
NAME	ALONSO, JULIO C			1 2 NAMÉ						
STREET ADDRESS	999 PONCE DE LEON BLVD). SUITE 1040	E 1040 13 STREE		T ADDRESS					Ė
CITY-ST-ZIP	CORAL GABLES FL 33134			14 CITY-1	ST-ZIP					R2F034
TITLE			DELETE	2.1 1ITLE				Change	Addition	[0
NAME				2.2 NAME	1					
STREET ADDRESS				2.3 STREE	T ADDRESS					
CITY-ST-ZIP				2. 4 CITY-	S1-ZIP					
TITLE			DELETE	3.1 TITLE				Change	Addition	
NAME				3 2 NAME						
STREET ADDRESS				3 3 STREE	T ADORESS					
CITY-ST-ZIP				3.4. CITY -	\$T-ZIP					
TITLE			DELETE	4.1 TITLE				Change	Addition	1
NAME				4. 2 NAM í	·					
STREET ADDRESS				4.3 STREE	T ADDRESS					
CITY-ST-ZIP				44 City-	SI-ZiP					
TITLE			DELFTE	5 1 111LE	1-			Change	Addition	1
NAME				5.2 NAME	}					
STREET ADDRESS					1 ADDRESS					
CITY-ST-ZIP				5.4 CITY-						
TITLE			DELETE	6.1 TITLE				Change	Addition	1
NAME		_		6.2 NAME						1
STREET ADDRESS					T ADDRESS					
				6.4 C(1)Y -						
CITY-ST-ZIP	ov certify that the information such	plied with this filing do	os not qualify			ed in Section 119.07(3)(i). Florida Statute	es. I further o	certify that	t the	1

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 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 appears in the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

205-441-8582