FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 15, 1997 8:00 am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000006945 ( )
Corporation Name

[redacted]

Principal Place of Business / Mailing Address
6730 Bull Run Rd #258
Miami Lakes, Fla. 33014

Principal Place of Business	2a. Mailing Address
Same as above.	26
Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
City & State	28 City & State
Zip / Country 25	29 Zip / 30 Country

3. Date Incorporated or Qualified: 1-23-96
3a. Date of Last Report: 1996
4. FEI Number: 65-0638384 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. Has corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Belkis A. Cheban
6730 Bull Run Rd #258
Miami Lakes Fla. 33014

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X _____ DATE
Signature, typed or printed name of registered agent and date of signature (Registered Agent Signature required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Belkis A. Cheban	12 NAME	
STREET ADDRESS	6730 Bull Run Rd #258	13 STREET ADDRESS	Miami Lakes, Fla. 33014
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	STD - Treasurer ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Mario Perez	22 NAME	
STREET ADDRESS	13136 S.W. 60st.	23 STREET ADDRESS	
CITY-ST-ZIP	Miramar, Fla 33027	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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***165.00

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 607.0502, Florida Statutes. I further certify that the information indicated on this report or supplemental requirement is true and accurate and that my signature shall be a false and legal offense 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 attached sheet, with an address.

SIGNATURE: X _____ 4/23/97 362-913;
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN FOR CORPORATION

0118794