FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary or State DIVISION OF CORPORATIONS

DOCUMENT # P9600008004 (9)

MONTADA, INC.

FILED Apr 25 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 2408 S.W. 137 AVENUE 2408 S.W. 137 AVENUE MIAMI FL 33175 MIAMI FL 33175-6311					
				3. Date Incorporated or Qualified 3 01/25/1996	a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 64-063 7661	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z(p 24]	Country 25	Zip 30	Country		s No
,	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registe	ered Agent
GUI	ITER, JACK		81 Name		
- 2408 S.W. 137 AVENUE MIAMI FL 33175				dress (P.O. Box Number is Not Acceptable)	
			83		
<u> </u>			84 City		FL 85 Zip Code
office or r agent. f a SIGNATURE	to the provisions of Sections 607-055 registered agont, or both, in the State in familiar with, and accept the oblig \$7.000 per special printed hand of registered agont.	ations of, Section 607.0505, Florid	the above-named cornorized by the corpora a Statutes.	poration submits this statement for the purporation's board of directors. I hereby accept the prediction of the purporation of	e appointment as registered
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
Tital	MRESIDENT	N JEC DELETE	1.1 TITLE		Change Addition
NAME	JACK GUTTE	R.	1.2 NAME		[
STREET ADDRESS	2408 SW 137	415 3312 T	1.3 STREET ADDRESS]i
CHY-ST-ZF	MIAMI FL		1.4 City-St-ZiP		
Fift	DINGUOL	☐ DELETE	21 TITLE		Change L Addition C
NAME	BYOSH 13X	AVIST	22 NAME		, =
STREET ADORESS	MIAMI FL	33180	2.3 STREET ADDRESS		
Crity St ZiP	DINECTOR	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME]		3.2 NAME		
STREET ADDRESS	NEUMA SANIA	WA.	3 3 STREET ADDRESS		
C-TY - S1 - Z)P	MIANI FL	33180	3.4. CITY - ST - ZIP		
TIFLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY ST ZIP			4.4 CITY - ST - ZIP		
TiTLE		DELETE	51 TITLE		Change Addition
NAME			5 2 NAME		Ì
STREET ADORESS			5.3 STREET ADDRESS		1
CHT-ST-7IP		T BUCT	5.4 CITY - ST - ZIP		Change
i Tiřlě .		☐ DELETE	6.1 TITLE		Change Addition
NAM!			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City - S1 - 7IP	1		6.4 CITY - ST - ZIP		

14. I do noreby 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 of 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 of 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, of on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytine Friend #