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

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mordina

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000011136 (4)

Principal Plac		Mailin	g Address				
2216 TURMERIC AVE. 2216 TURMERIC AVE. ORLANDO FL 32837 ORLANDO FL 32837-9507							
						3. Date Incorporated or Qualified 3a. Date of Last Report 02/01/1996	
21	lace of Business	26	ailing Address			4. FEI Number Applied For 59-3386571-03/012 Not Applied For Not Applicable	
Sulte, Apt.		27				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Stat		28	y & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees	
Zip 24	Countr 25	y Zu 29 ss of Current Registere		Country 30		8. This corporation has liability for intangible to under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent 11. This corporation has liability for intangible to under s. 199.032, Florida Statutes 12. Yes No 13. Name and Address of New Registered Agent	
	·	es of Current negistere	ou Agent	81	Name	IV. Maine and Address of New Negistered Agent	
	XRIGUEZ, LUIS			"	IVALLIC		
	B TURMERIC AVE.			B2	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
UNGL	ANDO FL 32837	-		83			
		ī					
,	•	•		84	City	FL 85 Zip Code	
office or r	registered agent, or botting familiar with, and acc	in the State of Florida. ept the obligations of, So	Such change was a ection 607,0505, Flo	uthorized by rida Statutes	the corpo	corporation submits this statement for the purpose of changing its registered bration's board of directors. I hereby accept the appointment as registered continuous acceptance of the purpose of changing its registered bratish.	
12.		FFICERS AND DIRECTO		13.	- In algorithm to the	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	LUIS ROI)RIGHEL	DELETE.	1.1 TITLE		Change Addition	
NAME	125105V	4		1.2 NAME)		
STREET ADDRESS		VEMERIC A		1.3 STREET	ADDRESS		
CITY-ST-ZIP	ORIANOL	7 Fl 328		1.4 CHY-S	r-ZIP		
TITLE	SECKE	ALI	☐ DELETE	2.1 TITLE		J Change	
NAME	MAGHEY	ROURIGUE	٠,	2.2 NAME			
STREET ADDRESS	22 16 Ti	semeric offi 32	A JE	2.3 STREET	- 1		
CITY-ST-ZIP TITLE	TREASU	<u>0</u>	B 3 /	2. 4 CITY - S 3.1 TITLE	<u> </u>	Change Addition	
NAME				3.2 NAME			
STREET ADDRESS		MAS Scénic Hi	ادي - ا	3.3 STREET	ADDRESS		
CITY-ST-ZIP		ORA E13	2757	3 4. Cr1Y - 9	IT- ZIP		
TITLE	CONTROLL	L ACCOIN	DELETE	4.1 TITLE		Change Addition	
NAME	AMAND	AMAS	س) ۱۱۰۳	4. 2 NAME	İ		
STREET ADDRESS	32345	SCENIC HI	115 07	4.3 STREFT	AODRESS		
CITY-ST-ZIP	MI	SCENIC HI DRA FI 3	2757	4.4 CITY-S	I-ZIP		
TITLE	_		☐ DØÆETE	5.1 TITLE	-	Change Addition	
NAME				5.2 NAME			
STREET ADDRESS				5 3 STREET	ADDRESS		
CITY-ST-ZIP			DECET	5.4 CITY - S	1 · ZIP		
TITLE			☐ DECETE	6.1 TITLE		Change Addition	
NAME				6.2 NAME	- 1		
STREET ADDRESS	l			6.3 STREET	ADDRESS		

6.4 CITY-ST-ZIP 14. Ido 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Blook 12 or Block 13 if charleged, or on an attachment with an address.

FILED

Jun 10 1997 8:00am

Secretary of State