FILE NOW: FILING FEE AFTER MAY 1 IS \$556

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT

F STATE Sandra B. Mort

Secretary of Sta DIVISION OF CORPO ATIONS

FILED May 12 1997 8:00am Secretary of State



1106 HARVARD AVENUE BRADENTON FL 34207 1106 HARVARD AVENUE BRADENTON FL 34207-5224 3. Date Incorporate 02/05/1996	
02/05/1996	
To Molling Address	od or Qualified 3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-33	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of State	60.55
City & State City & State 6. Election Campaig	n Financing \$5.00 May Be
	has liability for intangible tax under s. 199.032, Yes No
9. Name and Address of Current Registered Agent 10. Name and Addre	ess of New Registered Agent
343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is	s Not Acceptable)
84 City	85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the pove-named corporation submits this state office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida States. SIGNATURE	ement for the purpose of changing its registered hereby accept the appointment as registered
Signature: Signature, typicd or printed name of registered agent and little if applicable (NOTE: Register Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13 ADDITIONS/CHANG	DATE
THE PD DELETE 1.FLE	GES TO OFFICERS AND DIRECTORS IN 12
NAME VALINTH, ATTILA 1 & ME STREET ADDRESS 1106 HARVARD AVENUE 1 3REET ADDRESS CITY - ST - ZIP BRADENTON FL 34207 1.4Y-ST-ZIP	☐ Change ☐ Addition
TITLE STD DELETE 2.1LE NAME VALINTH, AGNES H STREET ADDRESS 1106 HARVARD AVENUE 2.5REET ADDRESS	Change Addition
City SI ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY ST. ZIP 3. Y-ST-ZIP	Orange Xubrium
TIFE DELETE NAME SHEFT ADDRESS ET ADDRESS	☐ Change ☐ Addition
CHY-SI-ZIP THEE DELETE	
NAME	Change Addition
TIFLE DELETE DE	Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify forexemption 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 accurate and that my signature shall have the same legal effect as if made under oath; that appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: