FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION



FLORIDA DEPARTMENT Sandra B. Mon

FILED May 15 1997 8:00am

	1997		DIVISION OF (ry of Sta CORPOR	TIONS	Secre	tary (OI ?	state
1. Corporation	MENT # P9 T CORPORATION	60000118	334 (4)				<u> </u>	I) iĝjoj hiji	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Plac	ce of Business	Mailin	g Address		·		lii esisi iibei iibi		
SOO SOUTHWE	EST 51 PLACE	300 80	OUTHWEST 51 PLAC	Æ					
Miami FL 3313	34	МІАМІ	FL 33134-1289	- 1					
						 Date Incorporated or Qualified 02/06/1996 		of Last Ro	eport
2. Principal F	Place of Business	2a. Ma	ailing Address			4. FEI Number 65 - 0640 3	706		plied For
Culto And	di ata	26	The Kat Waste		· · · · · · · ·	65-064085	00		l Applicable
Sulte, Apt.	. π, θ(C.	27	ilte, Apt. #, etc.	les.		5. Certificate of Status Desired	□ ३	8.75 A Fee Re	
City & Stat	18		ly & State		-	6. Election Campaign Financing		\$5.00	
3		28				Trust Fund Contribution		Added to	
Zip	Country	├ ─┐ '	D)	Countr	У	8. This corporation has liability for			199.032,
:4	25 25 Address	29 ss of Current Registere	ed Agent	[30]		florida Statutes 10. Name and Address of New R	Yes MA		
THE	LAW FIRM OF LAWR			81	Name	IG. Hallo allo Addioso of How to	ogistotos rigo		
	ALMERIA AVENUE	ende v di iedee di		82	Pironi Ada	dress (D.O. Rey Number is Not Assente	blo)		
	RAL GABLES FL 33134	4		04	SIRBEL AUC	dress (P.O. Box Number is Not Accepta	ible)		
				83	3				
				84	City		8	i 5 Zip C	Code
			.				FL ∣	'	
11. Pursuant office or i	to the provisions of Section to the provisions of Section (a) to the term of term of the term of the term of the	ons 607 0502 and 607.1 In the State of Florida	1508, Florida Statut Such change was a	es, the abov authorized b	/e-named cor by the corpora	rporation submits this statement for the ation's board of directors. I hereby acco	purpose of cha opt the appoint	anging its Iment as i	s registered registered
agent. La	am familiar with, and acco	pt the obligations of, So	ection 607.0505, Flo	orida Stalute	s.	•			
OFORTRACIO									
SIGNATURE	Signature, typed or printed name:	of registered agent and title if an	plicable. (NO1	E Registered As	gent signature regu	uired when reinstaling)	DATE		
	Signature, typed or printed name OF	of registered agent and little if ap FICERS AND DIRECTO		t Registered Ac	gent signature requ	uired when reinstaling) ADDITIONS/CHANGES TO OFFI		RECTOR	S IN 12
12.	OF PTD				gent signature requ		CERS AND DI	RECTORS Change	S IN 12
12. TITLE	PTD GILL, RAFAEL JR.	FICERS AND DIRECTO	PRS	13.			CERS AND DI		
12. TITLE NAME STREET ADDRESS	PTD GILL, RAFAEL JR. 300 SOUTHWEST 5	FICERS AND DIRECTO	PRS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	1 ADDRESS		CERS AND DI		
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I am an officer or director of the composition 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 Black 13 if phanged, or on an uttaryment with an address.