	FOR STATEMENT		Secretary SION OF COP	Mortham of State aporations		FILE 97 NOV - 3	PH 3: 14
1. Corpora			2			SECRETARY ( TALLAHASSEE	DF STATE I FLORIDA
Principal Pl 2750 WEST HIALEAH FI		2750 WEST 3 (	Mailing Address 2750 WEST 3 COURT HIALEAH FL 33010				
	ncipal Office Address, If Applicable	3. New Malling	3. New Malling Office Address. If Applicable   4840 NW   184 TERR   Suite. Apt. #, etc.		4. Date Incorporated or Qualified To Do Business In Florida 02/21/1996		
City & State			City & State		5. FEI Numbe		Applied For
Zip Country		MIAN	MIAMI TE		- <b>6.</b> .		Not Applicat .75 Attditional Fee requ for a Certificate of Statu
7. Names r	and Street Addresses of Each Officer Name of Officer		ia nonprofit co				
Title(s) 1	and/or Directors	6 (	Officer and/or Directo 3 (Do NOT Use Post Office Box				
				<u> </u>		0002338 - <u>11/05/970</u> *****750.00	83558 1 <del>1057010</del> ****750.00
	8, Name and Address of Cur	rent Registered Agent			9. Name and	Address of New Registered	Ageni
PEREZ, EUGENIO 3301 EAST FIRST AVENUE HIALEAH FL 33013				Name   Street Address (P.O. Box Number is Not Acceptable)   Suite, Apt. #, Etc.   City State			
10. I, being Signature of Registered /		e above named corpora	·	ar with and accept the o	bligations of Sec	FL	8/97
	is corporation owes of angible Personal Prop			year Yes 🗹			de for Information ngible tax.)
this rein owed by	that I am an officer or director or the statement application, the reason for r the corporation have been paid and spplication is true and accurate, and r	dissolution has been el the names of individua	iminated, the c Is listed on thi	orporate name satisfies s form do not qualify for	the requirements an exemption un	s of section 607.0401 or 617.0	401, F.S., that all fees