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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

I, Corporatio	BEST, CORP.	JU21553 (8)			
Principal Place of Business 386 NE 21ST STREET #107		Mailing Address 395 NE 21ST STREET ₱107 MANI FL 33137-5127		T I TERNOOT ING NAME ENTIL EPINT BEINT BOM! O	DATO HEBTI INDPI EARDI BAKON DAD IUDI
MIAMI FL 3313	17	MIAMI PL 30137-3127		Date Incorporated or Qualified 03/08/1996	3a, Date of Last Report
2 Principal F	lace of Business	2a, Mailing Address	·	4. FEI Number	Applied For
21		26		65-0651149	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional Fee Required
City & Stat	le	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24	Country 25	Ζιρ	Country 30	8. This corporation has liability for in	
[24]	9. Name and Address of Curre		1301	10. Name and Address of New Reg	
COL	rrea, Luis F Jr		B1 Name		
395 NE 21ST STREET #107			82 Street Add	dress (P.O. Box Number is Not Acceptable	3)
MIA	MI FL 33137				
			83		ļ
			84 City		FL 85 Zip Code
11, Pursuant office or agent 1 a	to the provisions of Sections 607.056 tegistered agent, or both, in the State and familiar with, and accept the obligations for the provision of the provision of the state of	e of Florida. Such change was jations of, Section 607.0505, I	utes, the above-named cos authorized by the corpora- lorida Statutes. DTE Registered Agent signature req	rporation submits this statement for the pu ation's board of directors. I hereby accept uited when reinstating)	rpose of changing its registered the appointment as registered DATE
12.	·	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	CORREA, LUIS F JR 395 NE 21ST STREET #107		1.2 NAME		
STREET ADDRESS OTY-ST-ZIP	MIAMI FL 33137		1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE	VSD	DELETE	2 1 TITLE		Change Addition
NAME	CORREA, LUIS G		22 NAME		į
STREET ADDRESS	395 NE 21ST STREET #107		2.3 STREET ADDRESS	2.5	81.y
CHY-ST-ZIP	MIAMI FL 33137	DELETE	2. 4 CITY - ST - ZIP		[] Change [] Leavison
NAME			3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-SI-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		ļ
STREET ADORESS			4.3 STREET ADDRESS		ļ
CHY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	,	☐ Change ☐ Addition
NAMÉ		בן טבנפונ	5.2 NAME		m onerAc m wouldn't
STREET ADDRESS			5.3 STREET ADDRESS		į
CITY-ST-ZIP			5.4 City-St-ZiP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		Ì
STREET ADDRESS	1		6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP 14. I do 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 Brock 12 of Block 13 if changed, 3 of an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

LUIS E. COREFA.

FILED

Apr 17 1997 8:00am

Secretary of State

Daytime Phone #

0187009