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PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000023160 (0)

Signature, typed or printed name of registered agent and title if applicable

SANTA MARTA, INC.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

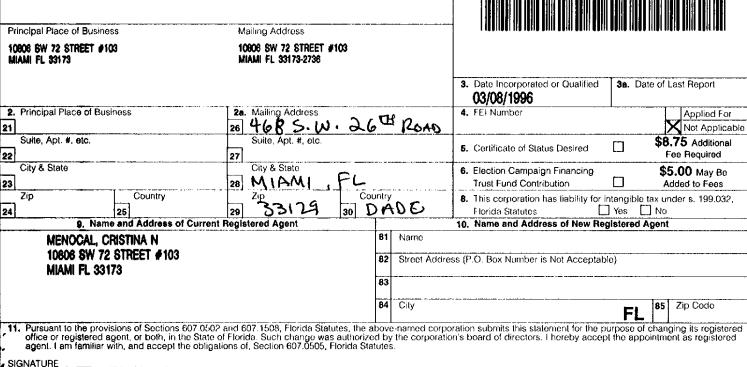
TITLE

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FILED Jun 19 1997 8:00am Secretary of State



12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) TITLE ☐ DELFTE Change Addition 11 TITLE MENOCAL, MARIO G NAME 1.2 NAME 10606 SW 72 STREET #103 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33173** CITY - ST - ZIP 1.4 CITY - ST - 7IP DELETE Change Addition 2.1 TITLE MENOCAL, PEDRO G NAME 2.2 NAME **1560 SAN RAFAEL AVENUE** STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL 33134** CITY-ST-ZIP 2.4 C(1Y - S1 - Z(P DELETÉ Change Change Addition TITLE 3.1 THLE FERNANDEZ, CONSUELO NAME 3.2 NAME **1560 SAN RAFAEL AVENUE** STREET ADDRESS 3 3 STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP 3.4. CITY - ST - 7(P TITLE DELETE 4.1 TITLE Addition NÁME 4. 2 NAME STREET ADDRESS 4.3 STREE1 ADDRESS

(NOTE: Registered Agent signature required when reinstating)

CITY-ST-ZIP 6.4 CITY - S1 - 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 amon officer or director of the convoration or the receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in flock 12 or Block 13 if of ringed, or on an arachment with an address.

4.4 C(1Y - S1 - Z(P

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - \$1 - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

☐ Change

Addition

Addition