SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

APPROVED AND FILED

1997 OCT 20 AM 10: 30

į.	Secretary of Sta 1997 DIVISION OF CORPOR					NS	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	MENT # P	96000029 SS. INC.	001	(0)			MACLAHASSEE, FLURIDA		
Principal Place of Business Mailing Address									
6555 N.W. 36TH STREET #111 - 6555 N.W. 36TH STREET MIAMI FL 33166 MIAMI FL 33166							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 3a. Date of Last Report 04/03/1996		
	lace of Business	2a. Ma	ailing Addre	SS			4. FEI Number 55593 Applied For Not Applied For	\exists	
21		[26]						le	
Suite, Apt.		27	ite, Apt. #, c	etc.			5. Certificate of Status Desired Security Securi		
City & State	0	Cit	y & State				Election Campaign Financing Trust Fund Contribution Added to Fees	-{	
Zip	Countr		>	Co	untry		8. This corporation owes or has paid the current year Intangible	7	
24	25 29 30 30 9. Name and Address of Current Registered Agent				т		Personal Property Tax due June 30. Yes 🛂 No	_	
<u></u>	RNANDEZ, JOSE R	ess of Current Registere	a Agent		81	Name	10. Name and Address of New Registered Agent	\dashv	
	HINANUEZ, JUSE R 55 N.W. 36TH STREE	T #111							
MIAMI FL 33166					82	Street Address (P.O. Box Number is Not Acceptable)			
THE WILL SEE SECTION					83			7	
					84	City	■ 85 Zip Code	\dashv	
					ΙŁ		 		
11, Pursuant office or r	to the provisions of Sec egistered agent, or both	tions 607.0502 and 607.1 n, in the State of Florida S	508, Florida Such chang	a Statutes, the a o was authorize	bove d by	-named cor the corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	d	
	m familiar with, and acc	ept the obligations of, Se	ection 607.0	505, Florida Sta	tutes				
SIGNATURE	Signature, typed or printed ham	e of registered agent and title if app	ilicable.	(NOTE Registere	d Ager	nt signature requ	uired when reinstating) DATE	-	
12,		FFICERS AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	× (504)	
TITLE	D Fernandez, Jose R		1.2		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		100002327431		
NAME	STREET #111	-10/22/9701108019					2		
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33166	SIRECI FILI			TREET A TTY-ST		****550,00 ****S50.00	POFINA	
TITLE			DEL			-21/	☐ Change ☐ Additio		
NAME					2.2 NAME		_ · · · -	1	
STREET ADDRESS				238	TREET	address		1	
CITY-ST-ZIP					ITY-SI	T-ZIP			
TITLE			☐ DELI	• • • • • • • • • • • • • • • • • • • •		Į	Change Additio	n	
NAME					IAMÉ TOECT :	ADDRESS			
STREE ADDRESS CITY-ST-ZIP				1	INCEL A			1	
TITLE			DEL			1-21	Change Addition	n	
NAME				4.21	MAME			ľ	
STREET ADDRESS				4.3 S	TREET /	ADDRESS			
CITY-ST-ZIP	<u> </u>				ITY-ST	- ZIP		_	
TITLE			L DELI				Change L Additio	n	
NAME				5.2 N		Innoces			
STREET ADDRESS CITY-ST-ZIP				10	TRFET / ITY - \$T	ADDRESS			
TITLE			DELE			- 411	Changed Medding	'n	
NAME			-	6.2 N		1	MOMO/A	1	
STREET ADDRESS				6.3 S	TREET A	ADDRESS	, ۱۵/۵,		
CITY-ST-ZIP 64 CIT							·		
14. I do hereb informatio	by certify that the inform indicated on this annu	ation supplied with this fit all report or supplementa	i vuunai tel	of quality for the left is true and	exen exen	nption state rate and tha	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the at my signature shall have the same legal effect as if made under oath; th	at	

Tam an officer or director of the corporation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on in attachment with an address.