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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

• Søndra B. Mortham

Secretary of State • '
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000032009 (8)

	AVENUE								
						3. Date Incorporated or Qualified 04/08/1996	3a. Date	of Last R	leport
	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ap	oplied For
Suite, Apt.	# atc	Suita Ant # etc	Suite, Apt #, etc.			65-0659105			ot Applicable Additional
22	", 010.	<u> </u>	27			5. Certificate of Status Desired			Additional equired
City & State	e	City & State	 			6. Election Campaign Financing		\$5.00	May Be
Zip	Country	28 Zip	Zip Country			Trust Fund Contribution	_ 🖳	Added t	
24	25	<u> </u>	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agen					
	ANE, MARIA L		81		وره:	5 QUINTANAL			
	SW 27TH AVENUE		82	Street A	Address	(P.O. Box Number is Not Acceptal	ole)		
NAP	LE\$ FL 33964		B3	374	+5	27th AVE SW			
				0			T		
		1	84	NA	APLE	<u> </u>	FL	134	
11. Pursuant t	to the provisions of Sections 507.	002 and 607.1508, Florida Statuter to the of Florida. Such change was au orgations of, Section 607.0505, Flor	s, the above	e-named o	corporat	tion submits this statement for the ps board of directors. I hereby accer	ourpose of ch	nanging it	s registered registered
agent. I a	m familiar with and loggest the ol	gations of, Section 607.0505, Flor	rida Statutes	5.					
SIGNATURE	Signature typegroup pript of name of registerer	d agent and title if applicable (NOTE:	Fingistered Age	ent signature r	required wh	nen reinstaling)	DATE		
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND D	RECTOR	IS IN 12
TITLE		DELETE	1.1 THE		P	erine and		Change	Addition
NAME			1.2 NAME			05 QUINTANAL 5 27th AVE SW			
STREET ADORESS CITY-ST-ZIP			1.3 STREET	710011200		LES FL 34117			
TITLE		DELETE	2.1 TITLE	ol-Zir	147-41	CCS TC STITE		Change	Addition
NAME			2.2 NAME	[
STREET ADDRESS			2.3 STREET	ADDRESS					
CITY-ST-ZIP		D. DELETE	2. 4 CITY - 9	S1 - ZIP				Т=:	
TITLE		DELETE	3.1 TITLE				L	_ Change	Addition
NAME Street address			3.2 NAME 3.3 STREET	ADDOLCE					
CITY-ST-ZIP			3.4. CITY - S	1					
TITLE		DELETE 4		5. 2				Change	Addition
NAME			4.2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY - S	ST-ZIP					
TITLE		DELÉTÉ	5.1 TITLE				L.	Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET	- 1					
CITY-ST-ZIP		DELETE	5.4 CITY-S 6.1 TITLE	SI-ZIP				Change	Addition
NAME			6.2 NAME				L	1 Cuango	
STREET ADDRESS	r '		6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY - S	Į					
14. I do hereb	by certify that the information sup	plied with this filing does not qualify or supplemental annual report is tru	for the exe	mption sta	ated in S	Section 119.07(3)(i), Florida Statule	s. I further or	artify that	the
l am an of appears in	fficer or director of the corporation Block 12 or Block 13 if change	n or the seeiver or trustee empowe d, or in an attachment with an addr	ered to exec ress.	ute this re	eport as	required by Chapter 607, Florida S	statutes; and	that my n	name

4-23-97 305 255 8110

FILED

Jun 19 1997 8:00am

Secretary of State