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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT O STATE

Sandra B. Mortha

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 28 1997 8:00am Secretary of State

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| DOCUMENT # | P96000034771 | (|

| Principal Place of Business Mailing Address 7947 NW 1877H TER. 7947 NW 1877H TER. | | | | - 1 | | | | |
|---|---|--|--|--|---|------------------|----------------------------------|-------------------------------------|
| MIAMI FL 33015 | | MIAMI FL 33015-5296 | | | Date Incorporated or Qualified | | | |
| | | | | | 04/22/1996 | | | |
| 2. Prinopai Plac | e of Business | 2a. Mailing Address | | | 4. FEI Number | | Ar | oplied For |
| 21 | | 26 | | | 65.0659453 | | | ot Applicable |
| — Suite, Apt.#, e | etc. | Suite, Apt #, etc. | | | 5. Certificate of Status Desired | | | Additionat equired |
| 22 City & State | | City & State | · | | & Floation Compaign Floatsing | | | <u> </u> |
| 23 | | 28 | | | 6. Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zip | Country | Zip | Coun | try | 8. This corporation has liability for i | | | |
| 24 | 25 | 29 | 30 | | |] Yes 🗀 | | |
| | 9. Name and Address of Cu | rrent Registered Agent | | · | 10. Name and Address of New Re | gistered A | gent | |
| | RES, SERGIO | | [· | Name | | | | |
| | IW 187TH TER. | | į. | Street Add | tress (P.O. Box Number is Not Acceptab | ole) | | |
| MAMI | FL 33015 | • | Ļ | | | | | ····· |
| | | | | 3 | | | | |
| | | | E | 4 City | | P=1 | 85 Zip | Code |
| | 007 | 0500 and 607 4500 Florida Ptat | utoo the ob- | Lin propertion | restation as homite this statement for the p | FL | l l | to sociolosod |
| 11. Pursuant to to office or reging agent. Lam. | istered agent or both, in the S | tate Florida, Such change was | authorized | by the corpora | ation's board of directors. I hereby accep | yr ring alpho | | • |
| 11. Pursuant to to office or regingent. Lam f. SIGNATURE sign. 12. | hubby typed or printed time of registere | crove | | | poration submits this statement for the pation's board of directors, I hereby acception and the patient of the patient when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE | /m/9 | 77 |
| SIGNATURE Sign | only lypicd or printed ame of registere OFFICERS | d gent and title I applicable. (No | OTE: Registered | Agen) signatura requ | uired when reinstating) | DATE CERS AND | /m/9 | 7 7 RS IN 12 |
| SIGNATURE SIGNATURE 12. TILLE NAME V | lygical or printed Jump of registers OFFICERS ACTORES, SERGIO | d gerit and title I applicable. (Ne AND DIRECTORS | OTE: Registered . | Agent signature requ | uired when reinstating) | DATE CERS AND | DIRECTOR | 7 7 RS IN 12 |
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| SIGNATURE SIGNATURE STREET ANDRESS CITY-SI-7/P | OFFICERS ACTORES, SERGIO 7947 NW 187TH TER. | d gerit and title I applicable. (Ne AND DIRECTORS | 13. 1.1 TITL 1.2 NAV 1.3 STR 1.4 CIT 2.1 TIT | Agent signature requires | uired when reinstating) | DATE CERS AND | DIRECTOR | RS IN 12 |
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SIGNATURE:

LATURE AND TYPED ON PRINTION NAME OF BIONING OFFICER OR DIRECTOR

4/17/97

FOR PYSOLFE

A122032