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

PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 it changed, or on an attachmen, with an address.

FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000037719 (7)

ED ALEMAN, INC.

Principal Place of Business Mailing Address					-	, PER dar ia dipin di dik	80108 18916 9 00 11 10001 110	
4950 DAVIS RO MIAMI FL 33143		4950 DAVIS ROAD MIAMI FL 33143-6044	4950 DAVIS ROAD					
					3. Date Incorporated 05/01/1996	or Qualified	3a. Date of Last I	•
	lace of Business	2a. Mailing Address			4. FEI Number	77CA		pplied For
21		26			65-068	6/34		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional			
22 City & State		City & State						Required
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country		Zip Country			Trust Fund Contribution			
24	25	29	30		Florida Statutes Yes No			
	9. Name and Address of Curre	ent Registered Agent			10. Name and Addre			
AME	RILAWYER CHARTERED		8	1 Name	DUARDO H	. ALEN	JAN	
	ALMERIA AVENUE		8:		ress (P.O. Box Number is			
COR	AL GABLES FL 33134		02		450 DAV	15 RO	AP	
			8	3	,			
			84	4 City	1. 6.4.1		85 Zp	Code.
			1	'	MIAMI		FL 3	3143
11. Pursuant t	to the provisions of Sections 607 05 egistered agent, or both, in the Stat	02 and 607.1508, Florida Stati te of Florida. Such change was	utes, the above authorized t	ve named corp	poration submits this state	oment for the put I hereby accept	rpose of changing	its registered
agent. I ar	egistered agent, or both, in the Stat m famil a with, and accept the abil	gations of, Section 607.0505, f	Torida Statute	es		. Horozy docopy	t . I	rrogisterett
SIGNATURE	_ Counts off. (Dui EDUARA				1 1	29/97	
12.		gent and title if approable (NO ND DIRECTORS	OTE: Registered A	gent signature requir	red when reinstating)	GES TO OFFICE	ERS AND DIRECTO	OC IN 12
TITLE	PD	DELETE	1.1 TITLE	T	ADDITIONS/CHAIN	GES TO OTTICE	Change	Addilion
NAME	ALEMAN, EDUARDO H	Brand	1.2 NAME				bhange	
STREET ADDRESS	4950 DAVIS ROAD			ET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33143		1,4 CITY -	ŀ				
TITLE	SID DELETE		2.1 101.8				Change	☐ Addition
NAME	ALEMAN, MARY-LOLY	2.2 N		:				
STREET ADDRESS	4950 DAVIS ROAD		2.3 STREE	ET ADDRESS				
CITY - ST - ZIP	MIAMI FL 33143		2. 4 CITY	-S1-ZIP				
TITLE		☐ DELETE	3.1 TITEF				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	F1 ADDRESS				
CITY-ST-ZIP			3.4. CITY					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME	1		4 2 NAMI	Ĺ				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		T DULL TE	4 4 CITY-					
TITLE		☐ DELETE	51 TITLE				L Change	Addition
NAME etdeet apporee			5.2 NAME					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CHY-				Ohanes	Addicar
NAME		FT MILIE	6.1 TH LE 6.2 NAME				L Change	☐ Addition
STREET ADDRESS								
				ET ADDRESS				
14. I do hereb	y certify that the information supplie	ed with this filing does not gue	6.4 CITY- alify for the ex	emotion stated	Lin Section 119 07(3)(i)	Florida Statutes	I further certify the	Libe
Intermation	n indicated on this annual report or ficer or director of the corporation of Rical 13 if apparent	-supplemental appual report is	true and acc	turale and that	my cionaturo chall have.	the came local a	offert as if made un	where eath, that