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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000039692 (4)

DURAN & PELATI BUSINESS SERVICES, INC.

Principal Place of Business
4004 AURORA STREET
SUITE A CORAL GABLES FL 33146

Mailing Address

4004 AURORA STREET SUITE A CORAL GABLES FL 33146-1414

## **FILED** Mar 24 1997 8:00am Secretary of State



COMME GABLE	TE STITE OF TE STITE OF THE STI		3. Date Incorporated or Qualified 3a. Date of Last Report 05/08/1996		
<b>2.</b> Principal Pi	lace of Business	2a. Mailing Address	1 \	4. EEI Number	- Applied For
1 10300	Sunset Dr.	26 10 300 Sun	set BI.	65-0664664	Not Applicable
21 10300 Suinset Dr 26 10300 Suins Suite, Apt #, etc. Suite, Apt #, etc. 22 StC. 463 27 StP. 46 City & State City & State 28 HIDMI, FL. 28 HIDMI			65	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			, H	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
33/	73 25 95A	21p 29 33/73	Country 30 45 A	This corporation has liability for intan- Florida Statutes      WYes	gible tax under s. 199.032, s □ No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registe	red Agent
PEL	ati, teresita		81 Name	•	
4004 AURORA STREET			82 Street Addr	ress (P.O. Box Number is Not Amoeptable)	·····
SUN	TE A			ress (P.O. Box Number is Not Appeptable)	
COP	RAL GABLES FL 33146		83 SA	2,465	
					85 Zio Code
			84 City	Form	FL 85 33 173
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statuti	es, the above named corp	poration submits this statement for the purpo	se of changing its registered
office of a agent. La	registered agont, or both, in the 5ta inclambar with and accopt the ob-	ite of Florida. Such change was a figations of, Section 607.0505, Flo	iutriorized by the corporal orida Statules.	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	austa t	elate		tion's board of directors. I hereby accept the sed when relistating)	9/97
SIGNATORE			Registered Agent signature requir		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
THIE	PSD	L DELETE	1.1 TITLE		Change
NAME	PELATI, TERESITA		1.2 NAME	- 1. Ka 2.	
SAREET ADJALESS	9745 SOUTHWEST 145TH S	STREET	1.3 STREET ADDRESS //	1703 Sev 129 9 fl	
CITY-ST-2#	MIAMI FL 33176		1.4 CITY - ST - ZIP	11mi, fl 33186	
INTER	VTD	DELETE	2.1 TITLE -		Change Addition
NAME	DURAN, YOLANDA		2.2 NAME		
STREET ACORESS	9745 SOUTHWEST 145TH S	STREET	2.3 STREET ADDRESS .		
CUL ST-ZIP	MIAM! FL 33176		2 4 CITY-ST-ZIP		
1171.6		DELETE	31 TITLE		Change Addition
NAME:			3.2 NAME		
SIRREL ADDICESS			3.3 STREET ADDRESS		
C-1Y - S1 - ZIP			3.4. CITY-ST-ZiP		
TOLLE					Change Addition
		☐ DELE¥E	4.1 TITLE		
		☐ DELFYE	4.1 TIFLE 4. 2 NAME		
NAME		[_] DETEAE	4. 2 NAME		·····
NAME STREET ADDRESS		[_] DELEYE	4. 2 NAME 4.3 STREET ADDRESS		
NAME STREET ADDRESS CHY_ST-7P		☐ DELETE	4. 2 NAME		Change Addition
NAME STREET ADERESS CHY_ST-ZIP THEE			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME STREET ADERESS CHY ST-ZIP TITLE NAME			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	·····	Change Addition
NAME STREET ADDRESS CHY_ST-7/P THEE NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
NAME STREET ADERESS CITY ST-776 THEE NAME STREET ADDRESS CITY-ST-776			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
NAME STREET ADERESS CHY ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP THEE		DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.7 TITLE		
NAME STREET ADERESS CHY ST-ZIP THEF NAME STREET ADDRESS CHY-ST-ZIP THEF NAME		DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		
NAME STREET ADERESS CHY ST-7/P THEE NAME STREET ADDRESS CHY-ST-7/P THEE		DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.7 TITLE		

oration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name angeo, or on an attachment with an address.