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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortharif

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000040477 (7)

LAW OFFICES OF JUAN CARLOS PARETS. P.A.

Principal Place of Business Maiting Address 4343 WEST FLAGLER STREET, SUITE 210 4343 WEST FLAGLER STREET, SUITE 210 MIAMI FL 33134 MIAMI FL 33134-1586 3. Date Incorporated or Qualified Date of Last Report 04/29/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 65-0666336 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intapgible tax under s. 199.032, Ø Yes □ No Florida Statutes 24 29 30 25 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PARETS, JUAN CARLOS 4343 WEST FLAGLER STREET, SUITE 210 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or pricted name of registered agent and title if appricable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP Cr11 - ST - ZIP Change DELETE 21 T/T/F Addition TULLE 2.2 NAME NAV 2 3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHT-ST-ZP DELETE Change Addition THUE 31 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-\$1-ZIP CITY-ST-ZIF Change Addition ☐ DELETE 4.1 TITLE TIME 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-SI-ZF 44 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE Talle 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP DITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE

> 6.2 NAME 6.3 STREET ADDRESS

ent with an address

a faringe

6.4 CITY-ST-ZIP

SIGNATURE:

14. I do hereby certify that the information supplied information indicated on this annual report or s I am an officer or director of the corporati

appears in Block 12 or Block 13 if change

NAME

STREET ADDRESS

OF NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPE

of toes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the finual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that trusten empowered to execute this report as required by Chooke 607. Florida Statutes at I made under oath, that

trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Apr 29 1997 8:00am

Secretary of State