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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

CABREF		Mailing Addross 5613 WEST 28TH AVENUE HIALEAH FL 33016-1821			
				3. Date Incorporated or Qualified 05/10/1996	3a. Date of Last Report
21	Place of Business	28. Mailing Address 26		4. FEI Number 65-0674793	Applied For Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.	A	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Olty & Stat 23 Zip	Country	City & State	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25		Country	This corporation has liability for in Florida Statutes Name and Address of New Rec]Yes 🗶]No
Name and Address of Current Registered Agent CABRERA, FRANKY			81 Name		JISTOFOG AGONT
5613 WEST 28TH AVENUE HIALEAH FL 33016			82 Street8384 City	Address (P.O. Box Number is Not Acceptable)	FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of manufacture, which and accept the obligated agent of the state of t	of Florida. Such chango was autions of, Section 607.0505, Flori and Mediappicable (NOTL)	thorized by the cor da Statutes.	I corporation submits this statement for the proporation's board of directors. I hereby accept the course when reinstating ADDITIONS/CHANGES TO OFFICE.	t the appointment as registered - // - 9 7
TITLE	PID	DELETE	1.1 TITLE	President Asstn.	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	CABRERA, FRANKY 5613 WEST 28TH AVENUE HIALEAH FL 33016		1.2 NAME 1.3 STREET ADORESS 1.4 CITY+ST-ZIP	Yanet Cabrera 5613 West 28th Ave Hialeah, FL 33016	
NAME STREET ADDRESS CITY-ST-ZIP	VSD Cabrera, Daisy 5613 West 28th Avenue Hialeah Fl 33016	□ DELETE	2.1 TOLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS		DELETE	3 1 TITLE 3 2 NAME 3 3 STHEET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME		DELETE	3 4. C/1Y - S1 - ZIP 4 1 TITLE 4. 2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE	40 40 40 40 40 40 40 40 40 40 40 40 40 4	DELETE	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Sugarfor

DILLTE

1-11-97 826

FILED

Apr 23 1997 8:00am

Secretary of State

826 8290

Change

Addition