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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Aug 22 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000044846 (9)

	IALL STATION, INC.	Mailing Address			
MIAMI FL 831		MIAMI FL 33176-5541			
				3. Date Incorporated or Qualified 05/17/1996	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address 26		4 FEI Number 710038	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inte	angible tax under s. 199.032,
24	25   9, Name and Address of Current		30	Florida Statutes  10. Name and Address of New Regin	
601	RMAN, LENARD H		81 Name		
	5 LEJEUNE RD., PENTHOUSE I-D		82 Street Addr	(5.0.0)	
	RAL GABLES FL 33134		5treet Addr	ress (P.O. Box Number is Not Acceptable)	,
			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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent signature require 13.	red when reinstating)  ADDITIONS/CHANGES TO OFFICER	DATE
TITLE	OF TOURS AND	DELETE	1.1 TITLE P	C.T.D	Change Addition
NAME		<del></del>	1.2 NAME	sabel Fontecula	
STREET ADDRESS				907 SW 103 val Ave	
CITY-\$T-ZIP				hirmy PL 33170	a
TITLE		DELETE	2.1 TITLE V	P	Change Addition
NAME			2.2 NAME	ARLOS Fortecully	_
STREET ADDRESS			2.3 STREET ADDRESS	2907 SW 10300 1901	<b>-</b>
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	MIMMI PL 331	
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY - ST - 7IP		Change Addition
TITLE		[ DECEIE	4.1 TITLE		Change C Adminor
NAME OZOFET ADDDGGG			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$T-ZIP TITLE		DELETE	4.4 C/TY - ST - Z/P 5.1 T/TLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	}	•	5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
THLE		DELETE	6.1 THLE		☐ Change ☐ Addition
NAME			6.2 NAME		-
STREET ADDRESS	·		6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-S1-ZIP		
14 1 do horal	to a service attent the fortenession of marking	with this I the store and an elif.	<u> </u>	in Contine 110 07/21/1) Florida Statuton	( fth. a.v. a.a.vtif til. a.t. th. a.

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 oath; 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.