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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FILED

Apr 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT In Name (IST, INC	# P960 0	0047580							
Principal Plac	e of Busines	s	Mailing Add	ress			# (69)309) 340 JUNIO BINK BUNIN BUNIN BUNIN	. 03 518 01041 10001 0 11		8 14 1881
145 HARBOR DRIVE MIAMI FL 33140			145 HARBOR	145 HARBOR DRIVE MIAMI FL 33149-1303						
							3. Date Incorporated or Qualified 06/04/1996	3a. Date of L	ast Rej	oort
2. Principal P	tace of Busin	ness	2a. Mailing A	2a. Mailing Address			4. FEI Number	-		lied For
Suite, Apt.	# ata		26	Suite. Apt. #, etc.				الم		Applicable
	#, U(C.		├ ─┐	27			5. Certificate of Status Desired		./5 Ac	dditional
22 City & State	0			City & State			6. Election Campaign Financing		5.00 N	·
23			— ·	26			Trust Fund Contribution		dded to	
Zip 24	Country 25		Zip	7ip (y .	8. This corporation has liability for i			
		and Address of Cur		nt	1001		10. Name and Address of New Re			
CAN	AACHO, CE	SAR R			81	Name				
145		82 Street A			dress (P.O. Box Number is Not Acceptab	de)				
KEY BISCAYNE FL 33149										
					83					
			84	City		FL 85	Zip Co	ode		
11. Pursuant office or r	to the provis	ions of Sections 607.0 ent, or both, in the St. th, and accept the ob-	502 and 607.1508, F ate of Florida. Such a ligations of Specien 6	lorida Statu hange was 607.0505. Fi	tes, the abov authorized b	o-named co y the corpor	orporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changot the appointme	ging its ent as re	registered egistered
SIGNATURE		or printed name of registered					guired when reinstaling)	DATE		
12.	0.0.0.0.0.0.0.0		AND DIRECTORS		13.	ent dignization rec	ADDITIONS/CHANGES TO OFFIC		CTORS	IN 12
TITLE	D		L	DELETE	11 THILE			☐ Ch		Addition
NAME		O, CESAR R			1.2 NAME	ļ				
STREET ADDRESS				1.3						
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NAME										
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CITY-ST-ZIP					3.4. CITY-					
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NAME	} :				6.2 NAME	ſ				ı
STREET ADDRESS	144 T					1 ADDRESS				
CITY-ST-ZIP	<u> </u>				6.4 CITY -	SI-ZIP				

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 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.

SIGNATURE: