## 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 # P96000053099 (3)

C. I. & T. EXCELLENT, CORP.

Principal Place of Business Mailing Address
85 GRAND CANAL DR., #200
85 GRAND CANAL DR., #200
MIAMI FL 33144-2568

## FILED Jun 11 1997 8:00am Secretary of State



85 GRAND CANAL DR. #200 MIAMI FL 33144		85 Grand Canal Dr., #200 Miami Fl 33144-2568						
i					3. Date Incorporated or Qualified 06/21/1996	3a. Date of	Last Report	
2. Principal Place of Business		2a, Mailing Address		4. FEI Number		Applied For		
21		26		65-0676433	Not Applicable			
Suite, Apt. #. etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip <b>24</b>	Country 25	Z(p	30 Coun	try	Florida Statutes	s liability for intangible tax under s. 199.032,  Yes No		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	gistered Agen	1	
	IBARAN, ILIANA		₽	11 Name				
	Grand Canal Dr., #200 MIFL 33144				dress (P.O. Box Number is Not Acceptab	ile)		
	•		6	3				
			8	4 City		FI 85	Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statim familiar with, and accept the obli	02 and 607.1508, Florida Statu to of Florida Such change was gations of, Section 607.0505, F	ites, the abo authorized lorida Statut	L ove-named co by the corpor es.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of char the appointm	ging its registered ent as registered	
SIGNATURE								
12.	Signature, typed or printed name of registered a	gent and trie if applicable (NO ND DIRECTORS	TE: Registered A	tgent signature req	ured whon reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	CTODS IN 10	
TITLE	D OFFICERS A	DELFTE	1,1 TITLE		ADDITIONS/CHANGES TO OFFIC		hange Addition	
NAME	GUILLEUMA, CARLOS M		1,2 NAM	ì				
STREET ADDRESS	237 38 ST., #3		1	ET ADORESS				
CITY-ST-2IP	MIAMI BEACH FL 33140			-S1-ZIP				
TITLE	D	DELETE	2.1 TITUE				tiange Addition	
NAME	ZURBARAB, ILIANA		2 2 NAM	E	•			
STREET ADDRESS	237 38 ST., #3		2 3 STRE	FT ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33140			r - S1 - 7(P				
TITLE	OROPERA, ANTONIO	☐ DELETE	3.1 THL			. []0	hange	
NAME	237 38 ST., #3		3.2 NAM		•			
STREET ADDRESS	MIAMI BEACH FL 33140		i i	ET ADDRESS				
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NAME		DELETE	4. 2 NAN					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE	<u> </u>	DELETE	5.1 100.0			[ C	hange Addition	
NAME			5.2 NAM	E				
STREET ADDRESS			5 3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 C/TY	-\$1-ZIP				
TITLE		☐ DCLETE	6.1 TiTL				hange 🔲 Additior	
NAME			6.2 NAM	£				
STREET ADDRESS	1		6.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	-ST-ZIP				

4. 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 12 if granged, or on an attachment with an address.

SIGNATURE A TOMAN (INT. LIAUA)

16/12/02 (201) 012 Dem