SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9600 Materials trading cof	0054462 (2) RPORATION			
			-		
Principal Plac	e of Business	Mailing Address		a remaradt tija inkin birni andli milli ti	bill saint áint álkit álbið blits íta l ís k l
		1355 NW 93RD COURT			
#A-101 #A-101 MIAMI FL 33172 MIAMI FL 33172		#A-101 MIAMI FL 33172		DO NOT WRITE	E IN THIS SPACE
	,	MICHITE QUITE		3. Date Incorporated or Qualified	3a. Date of Last Report
				06/26/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 8200		26		65-0686382	Not Applicable
Suite, Apt.	·	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional
22 2 City & Stat	<i>pz</i>	City & State	<u></u>		Fee Required
— ai	ation FL	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation owes or has pa	
24 333			30	Personal Property Tax due June	
=::1 ==	9. Name and Address of Curre			10. Name and Address of New Re	egistered Agent
135 # A-	RTILLO, ALVARO 15 NW 93RD COURT 101 WII FL 33172		6200	ress (P.O. Box Number is Not Acceptal	ble)
1710			# 20	02	
			84 Citp Cit	mation FL	FL 85 Zip Code 33324
office or r agent. I a SIGNATURE	registered agent, or both, in the statum familiar with, and accept the obtain	e of Florida. Such change was a gutions of, Section 607.0505, Flo	as, the above-harned cor fulthorized by the corpora rida Statutes. Registered Agent signature requ	poration submits this statement for the tition's board of directors. I hereby acce	purpose of changing its registered pt the appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD DODGOGO A	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CRUZ, ROBERTO A		1.2 NAME		
STREET ADDRESS	14 AVE 22-79 ZONA 11		1.3 STREET ADDRESS		
CITY-ST-ZIP	QUATEMALA, GUATEMALA	☐ DELETE	1.4 City-St-ZiP		Change Addition
TITLE	PORTILLO, ALVARO	L DELETE	2.1 TITLE		Change Addition
NAME STREET ADDRESS	5445 COLLINS AVENUE, #B	THE	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33141	1110	2. 4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		Change Addition
NAME	CRUZ, EDILMA R		3.2 NAME		
STREET ADDRESS	14 AVE 22-81 ZONA 11		3.3 STREET ADDRESS		
CITY-ST-ZIP	GUATEMALA, GUATEMALA		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-7IP			6.4 CITY - ST - 7IP		

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 or 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.

FILED

Jul 30 1997 8:00am

Secretary of State