## **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 # P96000056582 (5) DRUM FORCE CORP.

Principal Place of Business

Mailing Address

TRILLO SE W 2 COURT

## **FILED** Jun 03 1997 8:00am Secretary of State



MIAMI FL 33165		MIAMI FL 33165-4328					
					3. Date Incorporated or Qualified 07/01/1996	3a. Date of La	ast Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-075528	2 2	Applied For	
21		26			67-01175	, <b>-</b>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	d \$8.75 Additional Fee Required		
City & State		City & State		<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Countr	у	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Yes No	
····	9, Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Rec	listered Agent	
	NTES, WANDA D		, ,	Name			
	S.W. 88 COURT		82 Street Add		ddress (P.O. Box Number is Not Acceptable)		
MIAI	M FL 33165		83	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
			84	City		FL 85	Zip Code
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the Stato m familiar with, and accept the oblig	02 and 607,1508, Florida Statu e of Florida. Such change was ations of, Section 607,0505, Fl	tes, the above authorized be lorida Statute	ve-named co by the corpor es.	rporation submits this statement for the pration's board of directors. I hereby accep	urpose of chang I the appointmen	ing its registered it as registered
SIGNATURE	Signature, typed or printed name of registered as	eol and the diapplicable (NO	It: Hog stered Ag	jent signature rec	jured when renstating)	DATE	
12.		D DIRECTORS	13.	<sub>T</sub>	ADDITIONS/CHANGES TO OFFICE		
TITLE	POEO	☐ DELETE	1.1 TRLE	•		Cha	ange 🔲 Add-tion
NAME	FUENTES, ETTIENNE JR. 3700 S.W. 88 COURT		1.2 NAME				
STREET ADDRESS	MIAMI FL 33165			T ADDRESS			
CITY-ST-ZIP TITLE	MIPMI FL 33103	DELETE	1.4 CITY- 2.1 TITLE	SI-ZIP		Cha	nge Addition
NAME			2.2 NAME				
STREET ADDRESS				T ADDRESS	•		ļ
CITY-ST-ZIP			2 4 Cff Y	SI - ZIP			
TITLE		DELETE	3 1 TITLE			☐ Cha	ange Addition
NAME			3 2 NAME				
STREET ADDRESS			3 3 STREE	T ADDRESS			
CITY-ST-2IP		[ ] and a	34 CdY-	-ST-7IP			
TITLE		☐ DELETE	4.1 117LE			[_] Cha	inge 🔲 Addition
NAME			4 2 NAME				
STREET ADDRESS				T ADDRESS	•		
CITY-ST-ZIP TITLE		☐ DELETE	4 4 CITY- 5 1 TITLE	\$1 - ZIP		☐ Cha	ange Addition
NAME			52 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			54 C(TY-				
TITLE		DELETE	61 TITLE			☐ Cha	inge Addition
NAME	of The state of the state of t		62 NAME				
STREET ADDRESS			63 STREE	T ADDRESS			-
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		<del> </del>	
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I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual report in you 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 position and that my name and the second statutes in a process.