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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000058731 (6)

## FILED Apr 23 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  13800 N.W. 19TH AVENUE BAY 18 OPA LOCKA FL 33054  Mailing Address  13800 N.W. 19TH AVENUE BAY 18 OPA LOCKA FL 33054								
					<ol> <li>Date Incorporated or Quality</li> <li>07/11/1996</li> </ol>	ified 3a. [	Date of Last	Report
	Place of Business	2a. Mailing Address			4. FEI Number 65-06 79 72	20	<del></del>	pplied For lot Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			Certificate of Status Desire	F	\$8.75	Additional Required
City & Sta	ate	City & State	,		6. Election Campaign Financ	ing		May Be
23	Country	28	Coun		Trust Fund Contribution	<u> </u>	Added	to Fees
Zip 24	Country 25	Zip <b>29</b>	Cour 30	шу	<ol> <li>This corporation has liability</li> <li>Florida Statutes</li> </ol>	ty for intangibl Yes		s. 199.032,
	g. Name and Address of Curr	rent Registered Agent			10. Name and Address of Ne	w Registered	d Agent	
	800 n.w. 19th Avenue Bay 1 A Locka FL 33054	8		82 Street A 83 City	Address (P.O. Box Number is Not Acc	eptable)	85 Zip	) Code
office or agent 1:	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such change w	as authorized	by the corp	corporation submits this statement for oration's board of directors. I hereby	accept the ap	pointment a	s registered
SIGNATURE	Signature, typed or prefed name of registered	agent and the if applicable	(NOTE: Registered		required when reinstaling)	DATE		
12.	OFFICERS A	agent and the if applicable	(NOTE: Registered	Agent signature	required when reinstating)  ADDITIONS/CHANGES TO	DATE	ND DIRECTO	RS IN 22
<b>12.</b> TIBLE	OFFICERS A  D  COLON, BRENDA R	agent and libe if applicable AND DIRECTORS  DELETE	(NOTE: Registered	Agent signature	required when reinstaling)	DATE		RS IN 22
12. TITLE NAME STREET ADDRESS	OFFICERS A  D  COLON, BRENDA R  13800 N.W. 19TH AVENUE	agent and libe if applicable AND DIRECTORS  DELETE	13. 1.1 TIT: 1.2 NA 1.3 STF	Agent signature  LE  ME  REET ADDRESS	required when reinstating)  ADDITIONS/CHANGES TO	DATE	ND DIRECTO	RS IN 22
12. TITLE NAME STHEET ADDRESS CITY-ST-ZIP	OFFICERS A  D COLON, BRENDA R 13800 N.W. 19TH AVENUE   OPA LOCKA FL 33054	agent and the if applicable AND DIRECTORS  DELETE  BAY 18	13. 1.1 TIT: 1.2 NA 1.3 STF	Agent signature  LE  ME  REET ADDRESS Y-ST-ZIP	required when reinstating)  ADDITIONS/CHANGES TO	DATE	ND DIRECTO	PRS IN 22 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A  D COLON, BRENDA R 13800 N.W. 19TH AVENUE   OPA LOCKA FL 33054 D	agent and libe if applicable AND DIRECTORS  DELETE	13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT	Agent signature I	required when reinstating)  ADDITIONS/CHANGES TO	DATE	ND DIRECTO	PRS IN 22 Addition
TITLE NAME STHEE ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A  D COLON, BRENDA R 13800 N.W. 19TH AVENUE OPA LOCKA FL 33054 D COLON, WALTER P	agent and the if applicable AND DIRECTORS DELETE BAY 18	13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA	Agent signature  LE  ME  SEET ADDRESS  Y-S1-ZIP  LE  ME	required when reinstating)  ADDITIONS/CHANGES TO	DATE	ND DIRECTO	PRS IN 22
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A  D COLON, BRENDA R 13800 N.W. 19TH AVENUE OPA LOCKA FL 33054 D COLON, WALTER P	agent and the if applicable AND DIRECTORS  DELETE  BAY 18	13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STF	Agent signature  LE  ME  SEET ADDRESS  Y-S1-ZIP  LE  ME  SEET ADDRESS	required when reinstating)  ADDITIONS/CHANGES TO	DATE	ND DIRECTO	PRS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A  D COLON, BRENDA R 13800 N.W. 19TH AVENUE I OPA LOCKA FL 33054  D COLON, WALTER P 13800 N.W. 19TH AVENUE I	agent and the if applicable AND DIRECTORS  DELETE  BAY 18	13. 1.1 TIT 1.2 NA 1.3 STF 1.4 CIT 2.1 TIT 2.2 NA 2.3 STF	Agent signature  LE  ME REET ADDRESS Y-S1-ZIP  LE  ME REET ADDRESS EY-S1-ZIP	required when reinstating)  ADDITIONS/CHANGES TO	DATE	ND DIRECTO	RS IN 22 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A  D COLON, BRENDA R 13800 N.W. 19TH AVENUE I OPA LOCKA FL 33054  D COLON, WALTER P 13800 N.W. 19TH AVENUE I	AND DIRECTORS  DELETE  BAY 18  DELETE  BAY 18	13. 1.1 TIT 1.2 NA 1.3 STR 1.4 CIT 2.1 TIT 2.2 NA 2.3 STR 2.4 CI	Agent signature  LE  ME REET ADDRESS Y-S1-ZIP LE  ME REET ADDRESS FY-S1-ZIP LE	required when reinstating)  ADDITIONS/CHANGES TO	DATE	ND DIRECTO Change	RS IN 22 Addition
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TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME	OFFICERS A  D COLON, BRENDA R 13800 N.W. 19TH AVENUE I OPA LOCKA FL 33054 D COLON, WALTER P 13800 N.W. 19TH AVENUE I OPA LOCKA FL 33054	AND DIRECTORS  DELETE  BAY 18  DELETE  BAY 18	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI	Agent signature  LE  ME REET ADDRESS Y-S1-ZIP LE  ME REET ADDRESS SY-S1-ZIP LE ME ME ME ME ME	required when reinstating)  ADDITIONS/CHANGES TO	DATE	ND DIRECTO Change Change	RS IN 12 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A  D COLON, BRENDA R 13800 N.W. 19TH AVENUE I OPA LOCKA FL 33054 D COLON, WALTER P 13800 N.W. 19TH AVENUE I OPA LOCKA FL 33054	AND DIRECTORS  DELETE  BAY 18  DELETE  BAY 18	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.2 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI	Agent signature  LE  ME REET ADDRESS Y-S1-ZIP LE  ME REET ADDRESS SY-S1-ZIP LE  ME REET ADDRESS SY-S1-ZIP	required when reinstating)  ADDITIONS/CHANGES TO	DATE	ND DIRECTO Change	RS IN 12 Addition Addition
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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: Blanda & Colox Lig. BRENDAR COLON, PASS.

4-17-97

305-687-3454