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 # P96000061127 (2)

OKANOGAN CORPORATION

Principal Place of Business

Mailing Address

FILED Feb 27 1997 8:00am Secretary of State



1401 BRICKEL MIAMI FL 331	.L. AVE., STE. 500 31	1401 BRICKELL AVE., 1 Miami Fl 33131-3503	STE. 500				
					3. Date Incorporated or Qualified 07/22/1996	3a. Date of L	ast Report
2. Principat F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-07/8305	ľ	Not Applicable
Suite, Apt #, etc. Suite, Apt #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sm	te	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be
Zip	Country	7ip	Country		8. This corporation has liability for		
<u>}</u> 4	25	29	30			Yes No	der 3. 199.00e.,
.31	9. Name and Address of (190		10. Name and Address of New Re		
(JI)	ERRERO, IGNACIO		81	Name			
)1 BRICKELL AVE., STE. 50	n	\				
	WI FL 33131	•	82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)	
MIA	WII FL 33131		63				
			84	City		FL 85	Zip Code
				L	rporation submits this statement for the		
agent :: SIGNATURE	am familiar with land accopt the	obligations of Section 607.0505	, Florida Statute	S	ation's board of directors. I hereby acce	DATE	
12.	the state of the s	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		CTORS IN 12
TITLE	T D	DELETE	1.1 Title	T T		☐ Ch	
NAME	GUERRERO, IGNACIO		1.2 NAME				
STREET ACORESS	444F 6011110 415 403	T. 11C	1.3 STREE	T ADORESS			
Cith - Sil ZiP	SURFSIDE FL 33154		1.4 CITY -	ST - 71P			
TULF		DELETE	2.1 TITLE			☐ Ch	ange Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CHY - ST- 702			2. 4 CITY -	- 1			
THEF		DELETE	3 1 TITLE			☐ Ch	ange Addition
NSME			3 2 NAME				
STREET ADURESS			3.3 STREE	T ADORESS			
City St-ZiP			3 4. CITY-				
7/11:		DELFTE	4.1 THILE			Ch	ange Addition
NAMi			4. 2 NAME				
S"REET ADDRESS				T ADDRESS			
CHTY - ST. 75P	;		4.4 CITY-]			
JII.F		DELFTE	5.1 TITLE	31-24		☐ Ch	ange Addition
NAME			5.2 NAME				• –
STREET ADDRESS				T ADORESS			
			5.4 CITY-				
CHY SI-745		DELETE	6 1 TITLE	31-£IF		☐ Cr	ange Additio
TIQE NAME		L.I MICH.				VI	- I Manito
NAME			6.2 NAME				
STREET ADDRESS				ADDRESS			
CITY - SH - 20	,		64 CITY -				

Tam an officer or director of the corporation or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under or farm 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 Brock 13 if changed, or on an attachment with an address.