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PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061170 (2)

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FILED Mar 25 1997 8:00am Secretary of State



28 Sunc. Apl. #, etc. City & State Zep Country Zep Sunc. Apl. #, etc. Sunc. Apl. #, etc. Eceden Campaign Financing Added to Fee Added to Fee Added to Fee Added to Fee Fee Required Addess of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 B3 Name B4 City FL B5 Zep Codo AT. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutus, the above named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its regist agent 1 am familiar with, and accept the obligations of, Section 607 0502 and socion 607 0502 and 607 1508, Florida Statutus, the above named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its regist agent 1 am familiar with, and accept the obligations of, Section 607 0502 and section 60	2. Principal P Suite, Apt. City & State Zip	lace of Business	N 2a	AIAMI FL 33187-1522	STREET			3. Date Incorporated or Qualified 13a Da	le of Last	Roport	
Principal Place of Business 26 Mailing Address 4 FEI Number Applied	Suite, Apt. City & State Zip	∜, etc.						3 Date Incorporated or Qualified 3a Da	le of Last	Report	
Suite, Apt. #, etc. Suite, Ap	Suite, Apt. City & State Zip	∜, etc.		And the second services are a second services and the second services are a second servi						•	
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Surfe, Apt. #, etc.	City & State 3 Zip			Mailing Address				4. FEI Number		Applied For	
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Trust Fund Contribution Added to Fee	Zip		27	27				5. Certificate of Status Desired See Required Fee Required			
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 83 64 City FL 85 City FL 86 City FL 87 City FL 88 City FL 89 Florida Statutes City FL 89 City FL 88 City FL 88 City FL 89 City FL FL FL FL FL FL FL FL FL F	~~n	0	28	····· ₁							
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 ### City		<u>⊢</u> ,	29	Zip	├ ─¬	try				s. 199.032,	
AS ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City		9. Name and Address of Curren	t Regi	stered Agent				10. Name and Address of New Registered A	gent		
CORAL GABLES FL 33134 83		—			8	31	Name				
#1. Pursuant to the provisions of Sections 607.0502 and 607.0505, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. ### Signature Signature, typed or peated name of regishere agent and sele if applicable (NOT), frog streed Agent signature required who; reheataling) DATE 12. Of FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE PTD DELETE 11 ITILE PSD Change A DOPEN POZAD, ROBERTO E. SR. 19991 SOUTHWEST 180 STREET 1.3 SIRET ADDRESS 19991 SOUTHWEST 180 STREET 1.3 SIRET ADDRESS 19991 SOUTHWEST 180 STREET 2.2 MAME 3.3 SIRET ADDRESS 19991 SOUTHWEST 180 STREET 2.3 SIRET ADDRESS 3.4 CITY-ST-ZIP Change A STREET ADDRESS						12	Street Addre	ess (P.O. Box Number is Not Acceptable)			
### Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes Signature Signature, typed or previous name of registered agent and tells if applicable (NOTE: Mog stored Agent signature required when relinating) DATE					8	3					
### Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registed agent, and accept the obligations of, Section 607.0505, Florida Statutes #### Signature. Sig					Ê	4	City	FI	85 Zij	p Code	
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programs for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the port is true and accurate and that my signature shall have the same logal effect as if made under oath, that empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name in an address.