FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 25 1997 8:00am

Secretary of State

T AND INCOME AND A CONTRACT OF A CONTRACT OF

fee 246 200 + 10/10

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065088 (2)

FREE STYLE BUSINESS FLORIDA CORP.

Principal Place of Business Mailing Address											
8450 N.E. 195TH ST. SUITE 610 N MIAMI BEACH FL 93121			2450 N.E. 135TH ST. SUITE 610 N MIAMI BEACH FL 33181-3535								
							3. Date Incorporated or Qualified 08/05/1996	5/1996			
	ace of Business	L .	lailing Address	- 1			4. FEI Number	\	1	plied For	
21 14 1			same as	AL	10	Ve	-65-069150	<u> </u>		ot Applicable	
Sulte, Apt. #, etc. 22 301			Suite, Apt.,#, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State	snî FC	28	ity & State	·1 · · · · · · ·			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip 24 3313	Country	Z	ip		ıntry		8. This corporation has liability fo			199.032	
24 3313	32 25 USA 29 30			30	,—-			Yes _			
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
	HESI, PAULO				81	Name					
2450 N.E. 135TH ST. Suite 6 10					82	Street Addre	ess (P.O. Box Number is Not Accepta	ıble)			
N M	IAMI BEACH FL 33121				83						
					B4	Cily		FL	85 Zip (Code	
11. Pursuant to office or re agent. I ar	o the provisions of Sections 607,050 egistered agent, or both, in the State in familiar with, and accept the oblig	2 and 607 of florida ations of, 9	1508, Florida Statut Such change was Section 607,0505, Fl	tes, the a authorize orida Stal	bove d by tutes	o-named corporations	oration submits this statement for the on's board of directors. I hereby acco	purpose o opt the ap	f changing it pointment as	s registered registered	
SIGNATURE											
	Signature, typed or printed name of registered agr				ο Λοσ	int signature require		DATE	D BUREATOR		
12.	OFFICERS AN	DIRECTO	DELETE	13. 1.1 II	71.0	Т	ADDITIONS/CHANGES TO OFF	CERS ANI	Change	Addition	
NAME	LUCHESI, PAULO		pricts	- 1		}			L. J Griange	L' YOURION	
· 1	141 N.E. 3RD AVENUE SUITE	201		1.2 N		ADDITION					
ANALIS PLANANA						ADDRESS					
CITY-ST-ZIP	MINIMITE SOTOT		DELETE	2.1 TI	IIY-S	1 - 20'			Change	Addition	
NAME				22 N					Onlingo		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP						ST - ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	3.1 71					Change	Addition	
NAME				3.2 N	AME				-		
STREET ADDRESS				3.3 S	TREET	ADDRESS					
CITY-ST-ZIP				3.4. 0	31Y-9	61- ZIP					
TITLE			DELETE	4111	TLE			-	Change	Addition	
NAME (4. 2 N	IAME	ĺ				ſ	
STREET ADDRESS				4.3 S	TREET	ADDRESS				ļ	
CITY-ST-ZIP		.		4.4 C	11 Y - S	1 - ZIP					
TITLE			☐ DELETE	5.1 TI	TLE				Change	Addition	
NAME				5 2 N							
STREET ADDRESS				538	IBELT	ADDRESS					
CITY-ST-ZIP			T1'22.22			T - ZIP			——————————————————————————————————————		
TITLE			DELETE	6111					L Change	☐ Addition	
NAME				6.2 N							
STREET ADDRESS				6.3 S	1AEE1	ADDRESS					

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 angular 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 of langer, or on an attachment with an address.