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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P96000066881	(9)
Corporation Name	1 00000000001	~~

## FILED May 07 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  1042 SW 123RD PL. 1042 SW 123RD PL. MIAMI FL 33184-2451								
					3. Date Incorporated or Qualified 08/12/1996	3a. Da	ate of Last I	Report
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number		I	pplied For
21		26			65.0685854			ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional legulred
City & Sta	te	City & State	<del></del>		6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution			to Fees
Zip	Country	Zip	Countr	у	8. This corporation has fiability fo	r intangible	tax under	в. 199.032,
24	25	29	30			Yes [		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New F	Registered	Agent	
	INTEAGUIDO, BEATRIZ		61	Name				
	42 SW 123RD PL.		82	Street Add	dress (P.O. Box Number is Not Accepta	able)		
MU	AMI FL 33184							
			83	'				
			84	City		·······	<b>85</b> Zip	Code
						<u>FL</u>		
office or agent 1.	te the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obli	502 and 607.1508, Florida Stat te of Florida. Such change was gations of, Section 607.0505, F	utes, the above authorized be lorida Statute	ve-named corpora by the corpora ss.	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of ept the app	r changing pointment a	s registered
office or agent I SIGNATURE 12.	registered agent, or both, in the Statern familiar with, and accept the obli- Signature typed or printed name of registered a OFFICERS A	le of Florida. Such change was gations of, Section 607.0505, F agent and title if applicable. (NC ND DIRECTORS	authorized befored Statute OTE: Registered Ap	by the corpora is.	rporation submits this statement for the ation's board of directors. I hereby accurred when reinstaling)  ADDITIONS/CHANGES TO OFF	ept the app	DIRECTO	s registered
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I. 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)220-3167 Daytime Phone # 0249170