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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600067586 (3)

AVATAR, INC.

Principal Place of Business

Mailing Address

## **FILED** May 13 1997 8:00am Secretary of State



9456 SOUTHV MIAMI FL 331		D456 SOUTHWEST 5 LAI MIAMI FL 33174-2112	9456 SOUTHWEST 5 LANE Miami Fl 33174-2112				
					3. Date Incorporated or Qualified 08/14/1996	3a. Date of Last F	Report
	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		pplied For
21		26	26				lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				¢0.75	Additional
22		27			5. Certificate of Status Desired	1 1	lequired
City & Stat	le	City & State			6. Election Campaign Financing		· ·
23		28	28		6. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution  Added to Fees		
Zip	Country		Country		8. This corporation has liability for i	····	
24	25 29 3		30		Florida Statutes	Yes No	5. 153.002
	9. Name and Addres	s of Current Registered Agent			10. Name and Address of New Re-		
AM	ERILAWYER CHARTER	ED	1	1 Name	1. 1		
343	ALMERIA AVENUE			12 Street Add	CAHICK ERNEST	1.3	
	RAL GABLES FL 33134	4	[*	Street Add	dress (P.O. Box Number is Not Acceptable	10) <b>2</b> _	
		•	ļ,	3	00 000 0	<u> </u>	
			[1	Gity NA	Aus	FL 85 710	3174
11. Pursuant	to the provisions of Section	ons 607,0502 and 607,1508, Florida Statu	itos the sh	wo namori cor	conding submits this statement for the p		
office or (	registered agent, or both,	in the State of Florida. Such change was pt the obligations of, Section 605 at 0.5 f	authorized	by the corpora	ation's board of directors. I hereby accep	t the appointment as	s registered
		pt the obligations of, Settion 60\$ 27,05	lorida Statu	les.			-
SIGNATURE	7amc	of registered strem and title 4 approache (NO		: :		4-21-97	
12.	-/-/	FICERS AND DIRLCTORS	13.	agent signature requ	ared when reinstating)  ADDITIONS/CHANGES TO OFFICE	DAIL	DC IN 10
TITLE	PSTD	X OTLETE	1.1 1111	170	STD	Change	Addition
NAME	FULGUEIRA, LEONA		1.2 NA		ANICK EPHEST	Olithigo	- Rodinon
STREET ADDRESS 9456 SOUTHWEST 5 LANE				ET ADDRESS	MEC GUL E CANE		
CITY-ST-ZIP	MIAMI FL 33174	·		CT ADDRESS	1456 SW 5 LONE HIAMI- FC- 33174		
MILE	133		2.1 TO		MICHIA 1-0- 3311A	Change	Addition
NAME						L_1 Change	
STREET ADDRESS	FEC		2.2 NAN				
	30			ET ADDRESS			
CITY-ST-ZIP TITLE	DELETE			7-S1-7IP			
	<del></del> -		3.1 1171			L Change	Addition
NAME			3.2 NAN	1			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		- Course	3.4. CIT 4.1 TITL	(-ST-ZIP		T	
TITLE	L_I DELETE					L. Change	Addition
NAME			4 2 NA				
STREET ADDRESS			4.3 STR	ET ADDRESS			
CITY-ST-ZIP				· ST · ZIF'	***************************************		
TITLE		L_J DELETE	5.1 TITU			Change	Addition
NAME			5.2 NAN	E	•		
STREET ADDRESS			5.3 S1R	E1 ADDRESS			
CITY-ST-ZIP			5.4 CITY	- S1 - ZIF			
TITLE	DELETE		6.1 111 L			☐ Change	Addition
NAME			6.2 NAM	ŧ	•		
STREET ADDRESS		•	6.3 S1R	ET ADORESS			
	l		1	. 1			
CITY-ST-ZIP			6.4 CiTY	- \$1- ZIP			1

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.