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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070220 (4)

FILED May 16 1997 8:00am Secretary of State

Principal Plac 5301 ALHAMB CORAL GABLE	5301 ALHAMI	NG. Mailing Address 6301 ALHAMBRA CIRCLE CORAL GABLES FL 33146-2301							
						3. Date Incorporated or Qualified 08/22/1996	Sa. Dai	e of Last	Report
	Prace of Business	2a. Mailing A	Address			4. FEI Number 65-0689224		⊢ →	Applied For
21 Surle, Apt	. #. elc.	26 Suite, Ac	ot. #. etc.						Not Applicable Additional
22		27				5. Certificate of Status Desired			Required
City & Sta	te	City & St	ate			6. Election Campaign Financing	·		O May Be
23 Zip	Country	28 Zip		Countr	v	Trust Fund Contribution 8. This corporation has liability for its	intangible :		d to Fees
24	25	29		30		Florida Statutes	Yes [] No	3. 100.002,
	9. Name and Address of Cu	irrent Registered Age	ent		1 11	10. Name and Address of New Re	gistered A	gent	
	REZ, MARIAN G 6 MANOR LANE			81					
- ** **	TE 102-B			62	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
	MI FL 33143			83				 	
				84	City			85 Zi	p Code
					1 '		<u>FL</u>	1 1	its registered
44 5	de the commission of Cartings CO7	0000 004 007 4500 1	Clarida Ctatut	an the obsi	to pomed oor	paration automita this statement for the s	uurnaan af		
11. Pursuani office or	to the provisions of Sections 607 registered agent, or both, in the S	.0502 and 607.1508, I state of Florida. Such o	Florida Statut	es, the above authorized b	re-named cor by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of ot the appo	changing pintment a	as registered
	to the provisions of Sections 607 registered agent, or both, in the S am familiar with, and accept the o	.0502 and 607.1508, I State of Florida. Such o bligations of, Section	Florida Statut change was a 607.0505, Flo	es, the above authorized borida Statute	re-named corpora by the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	ourpose of ot the appo	changing ointment a	as registered
11. Pursuani office or agent. I SIGNATURE	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the o					ired when reinstating)	DATE		
SIGNATURE	Signature, typed or purited name of registero	od agent and title if applicable.	(NOT	E Registered Ac			DATE	DIRECTO	ORS IN 12
SIGNATURE 12. IIILE	Stip abuse typed or prated range of registers OFFICERS PRESIDENT	od agent and title if applicable. AND DIRECTORS		E Registered Ag 13.	ent signature requ	ired when reinstating)	DATE		ORS IN 12
SIGNATURE 12. HILE NAME	Stip abuse typed or prated range of registers OFFICERS PRESIDENT	od agent and title if applicable. AND DIRECTORS	(NOT	E Registered Ag 13. 1.1 TITLE 1.2 NAME	jent signature requ	ired when reinstating)	DATE	DIRECTO	ORS IN 12
SIGNATURE 12. IIILE NAME STREET ADDRESS	Styrative typed or protest range of registers OFFICERS PRESIDENT RAFAEL R. PERE 6301 ALHAMBRA	AND DIRECTORS CIRCLE	(NOT	E Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent signature requ	ired when reinstating)	DATE	DIRECTO	ORS IN 12
SIGNATURE 12. HILE NAME	Stip abuse typed or prated range of registers OFFICERS PRESIDENT	CIRCLE L 33/46	(NOT	E Registered Ag 13. 1.1 TITLE 1.2 NAME	gent signature requ	ired when reinstating)	DATE	DIRECTO	ORS IN 12
SIGNATURE 12. TILE NAME STHEFT ADDRESS CITY-ST-ZIP TITLE NAME	Styrative typed or protest range of registers OFFICERS PRESIDENT RAFAEL R. PERE 6301 ALHAMBRA	CIRCLE L 33/46	(NOT	13. 1.1 VITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 VITLE 2.2 NAME	T ADDRESS	ired when reinstating)	DATE	DIRECTO	ORS IN 12
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14. I do hereby certify that the information supplied with this filing does not quality 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 coproration or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or B

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-2-87

768-6500

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