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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham?

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000072179 (0)

## **FILED** May 08 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 338 MINORCA AVE CORAL GABLES FL 33134  Mailing Address CORAL GABLES FL 33134								
					<ol> <li>Date Incorporated or Qualified 08/29/1996</li> </ol>	3a, Date	of Last R	eport
	Place of Business	2a, Mailing Address			4. FEI Number 65-069 5386		<del></del>	plied For
Suite Ap	ot. # etc.	Suite, Apt. #, etc.					\$8.75	t Applicable
22	m <sup>2</sup>	27			5. Certificate of Status Desired		Fee Re	
City & Sta	ato	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added 1	
<b>23</b> Zip	Country	Zip	Coun	try	This corporation has liability for			
24	25	29	30		Florida Statutes	Yes 🗌	No	
D.A.	9. Name and Address of Cur.	rent Registered Agent		Name	10. Name and Address of New R	egistered Ag	ent	
	IDRON, CARLOS E 8 MINORCA AVE		L					
	DRAL GABLES FL 33134		8	32 Street Add	fress (P.O. Box Number is Not Accepte	able)		
•			Ē	33				
			Ē	34 City		F-1	<b>85</b> Zip (	Code
dd District	at to the provinces of Section 607.6	0502 and 607 1509 Elorida Ste	stutes the abo	oue pemed cor	moration submits this statement for the	FL Durings of a	hanging it	e registered
office of agent t	nt to the provisions of Sections 607.0 r registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was bligations of, Section 607.0505,	as authorized Florida Statu	by the corpora	ation's board of directors. I hereby according	ept the appoi	ntment as	registered
SIGNATURE	Signature, typed or printed name of registered				ulred when reinstaling)	DATE		
SIGNATURE	Signature, typed or printed name of registered OFF1CERS /	agent and tide if applicable (I				DATE	DIRECTOR	S IN 12
<b>12.</b> TITLE	Signature, typied or printed name of registered OFFICERS /	agent and tide if applicable (if AND DIRECTORS DELETE	NOTE: Registered A	Agent signature requ	uired when reinsteling)	DATE		
12. TITLE NAME	Signature, typicd or privided name of registered OFFICERS: President Gustava Pla	AND DIRECTORS  DELETE	NOTE: Registered / 13. 1.1 TITL 1.2 NAW	Agent signature requ E	uired when reinsteling)	DATE	DIRECTOR	S IN 12
12. TITLE NAME STREEL ADDRESS	Signature, typicd or printed name of registered  OFFICERS /  President  Lustavo Pla  12228 SW 1	AND DIRECTORS  DELETE  SCHOLLY  32nd C+	NOTE: Registered / 13. 1.1 TITL 1.2 NAM 1.3 STRI	Agent signature require.  E  AE  EET ADDRESS	uired when reinsteling)	DATE	DIRECTOR	S IN 12
12. TITLE NAME	Signature, typed or printed name of representations of the state of th	SCNCIA 3214 Ct	NOTE: Registered / 13. 1.1 TITL 1.2 NAM 1.3 STRI	Agent algnature required E AE EET ADDRESS (-ST-ZIP	uired when reinsteling)	DATE ICERS AND C	DIRECTOR	S IN 12
12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP	Signature, typicd or privided name of registered OFFICERS,  President Gustaus Pla 12228 SW 1 MIGMI Ft Wice Po	Sencia 32nd CH 33186	NOTE: Registered / 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY	Agent signature required.  E  AE  EET ADDRESS  /-ST-ZIP  E	uired when reinsteling)	DATE ICERS AND C	DIRECTOR Change	S IN 12 Addition
12. TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE	Signature, typicd or printed name of registered  OFFICERS /  President  Custava Pla  12228 SW 1  MIGHL Ft  Maria Plase  12228 SW  Maria Plase  12228 SW	agent and ticle if applicable (I AND DIRECTORS  DELETE  32nd Ct  33186  CESTORICH DELETE  N CT 91	13. 1.1 Tifl. 1.2 NAM 1.3 STRI 1.4 CIT) 2.1 TITL 2.2 NAM	Agent signature required.  E  AE  EET ADDRESS  /-ST-ZIP  E	uired when reinsteling)	DATE ICERS AND C	DIRECTOR Change	S IN 12 Addition
12.  TITLE  NAME  STREEL ADDRESS  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP	Signature, typicd or printed name of registered  OFFICERS /  President  Custava Pla  12228 SW 1  Miami Ft  Maria Plase	Sencia 32nd Ct. 33186	13. 1.1 YITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 23 STRI 2.4 CITY	Agont eigneture requirements  AE  EET ADDRESS  Y-ST-ZIP  E  AE  EET ADDRESS  Y-ST-ZIP	uired when reinsteling)	DATE ICERS AND C	DIRECTOR Change Change	S IN 12 Addition
12.  TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	Signature, typicd or printed name of registered  OFFICERS /  President  Custava Pla  12228 SW 1  MIGMI F!  Maria Plase  Maria Plase  12228 SW	agent and ticle if applicable (I AND DIRECTORS  DELETE  32nd Ct  33186  CESTORICH DELETE  N CT 91	13. 1.1 YITL 1.2 NAM 1.3 STRI 1.4 CITS 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 YITL	Agent signature required to the signature re	uired when reinsteling)	DATE ICERS AND C	DIRECTOR Change	S IN 12 Addition
12.  TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered  OFFICERS,  President  Gustavo Pla  12228 SW 1  Miami Ft  Maria Plase  Maria Plase  12228 SW  Miami, Fl.	Sencia 32nd Ct. 33186	13. 1.1 Tifl. 1.2 NAM 1.3 STRI 2.1 Tifl. 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TIFL. 3.2 NAM	Agent signature requires  E  AE  EET ADDRESS  Y-ST-ZIP  E  EET ADDRESS  Y-ST-ZIP  E  AE  AE  AE  AE	uired when reinsteling)	DATE ICERS AND C	DIRECTOR Change Change	S IN 12 Addition
12.  TITLE NAME STREEL ADDRESS CITY- ST-ZIP TITLE NAME STREEL ADDRESS CITY- ST-ZIP TITLE NAME STREEL ADDRESS STREEL ADDRESS	Signature, typed or printed name of registered  OFFICERS,  President  Gustavo Pla  12228 SW 1  Miami Ft  Maria Plase  Maria Plase  12228 SW  Miami, Fl.	Sencia 32nd Ct. 33186	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 4.4 CIT	Agent signature required for the signature requi	uired when reinsteling)	DATE ICERS AND C	DIRECTOR Change Change	S IN 12 Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME	Signature, typed or printed name of repostered OFFICERS,  President Gustava Pla 12228 Sw I MIAMI FI MANIAMI FI MANIAMI FI MANIAMI PLASE 12228 Sw MIAMI FI.	agent and tide if applicable   AND DIRECTORS   DELETE     32nd ct     33186     csident   DELETE     132nd Ct     33186     DELETE     DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITV 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.3 TITL 4.2 NAI 4.3 STRI 4.3 S	Agent signature requirements  EET ADDRESS  ('-ST-ZIP  EET ADDRESS  Y-ST-ZIP  EET ADDRESS  Y-ST-ZIP  EET ADDRESS  Y-ST-ZIP  EET ADDRESS  ME	uired when reinsteling)	DATE ICERS AND C	DIRECTOR Change Change Change Change	S IN 12 Addition Addition Addition
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I am an officer or director of the corpora appears in Block 12 or Block 13 if char

SIGNATURE:

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