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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1997		ONT OF		DIVISION OF		9,7,1,1							
DOCUI 1. Corporatio	MENT On Name SAL INVE	# P96 STORS NE	SOOOO	7531 vc.	36 (8)									
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Oringinal Class	o of Business			Mailing	ddrann		ļ			_				
Principal Place of Business 1390 S. DIXIE HWY. SUITE 2102 CORAL GABLES FL 33146				Mailing Address 1390 S. DIXIE HWY. SUITE 2102 CORAL GABLES FL 33146-2944										
										3. Date Inco 09/09/1	rporated or Qualifie <b>996</b>	d <b>3a.</b> D	ate of Last F	Report
2. Principal P	Place of Busin		2a. Mailing Address						4. FEI Numi		- //	<del></del>	pplied For	
Sulte, Apt.	# etc		26						65-	069585	4		ot Applicable	
22	π, οιο.	ł	27			!			5. Certificat	e of Status Desired			Additional equired	
City & State				City & State						6, Election	Campaign Financing	 I	\$5.00	May Be
23				28						Trust Fur	d Contribution			to Fees
Zip	Country 25			<b>├─</b> ┓ `			Country			8, This corp Florida Si	oration has liability f	or intangible		s. 199.032,
24 25 29 39 9, Name and Address of Current Registered Agent										Agent				
HERBERT, JUANITA								N	ame					
1390 S. DIXIE HWY.							62 Street Addr			Iress (P.O. Box N	umber is Not Accep	table)		
SUITE 2102														
CORAL GABLES FL 33146							83	']_						
							84	C	ty			FL	85 Zip	Code
11. Pursuant	to the provisi	ions of Section	s 607.0502 a	nd 607.150	8, Florida Statu	les, th	e abov	l re-na	med corp	poration submits	this statement for th		f changing i	ts registered
office or r agent. I s	registered ag am familiar wi	ent, or both, in th, and accept	i the State of I I the obligatio	Florida Su ns of, Secti	ch change was ion 607.0505, Fl	autho orida	rized by Statute	y the s.	corpora	ition's board of d	this statement for the rectors. I hereby acc	cept the ap	pointment as	registered
SIGNATURE														
	Signature, lyped	or printed name of r	egislored agent at CERS AND D				stered Ag	ent si	gnature requ	ired when reinstating)	IS/SUANICES TO SE	DATE	D DIDEOTO	00 111 40
12.	PRESID.		CLAS AND L	inco tono	DELETE		1.1 TITLE			ADDITION	IS/CHANGES TO OF	PICERS AN	Change	L Addition
NAME	CIANO	un M	PERE	Z		<b>.</b> .	1.2 NAME						—	
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CITY-\$T-ZIP	CORAL	GABLES PRESIDE	F1. 37	1146			1.4 CITY-5	\$1-ZI	-					
TITLE	VICE	MESIDE	WY -		DELETE		2.1 TITLE						Change	Addition
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CITY-ST-ZIP	CORAL	GARLES	FI	33/4/	,	1	2.3 STREET 2. 4 CITY-							
TITLE	VICE 1	GABLES PRESIDE		DELETE :			0. 2		······	<del></del>		☐ Change	Addition	
NAME	AME CAMILO J. PEREZ TREET ADDRESS 1390 S. DIXIE HWY SV				- 2102			3.2 NAME			•			]
STREET ADDRESS 1390 S. DIXIE HWY SV CITY-ST-ZIP CORAL GABLES, F. 3				it alla			3 3 STREET ADDRESS							
CITY-ST-ZIP TITLE	CORAL	GABLES,	Jul. 33	146	DELETE		3.4. CITY-	SI-Z	Р —				Change	Addition
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STREET ADDRESS							4.3 STREET		RESS	1				}
CITY-ST-ZIP							4.4 CITY-5	ST-ZI	, ]					
TITLE	]	<u></u>			DELETE	T	5.1 TITLE						☐ Change	Addition
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CITY-ST-ZIP TITLE	-	·			DELETE		5.4 CITY - S 6.1 TITLE	SI-ZI	<u>_</u>		<del></del>		Change	Addition
NAME	1					Æ	6.2 NAME						Shinge	
STREET ADDRESS	leie .	. ;				1	6 3 STREET		RESS					
CITY-ST-ZIP						Ĺ	6.4 CITY - 5	S1 - ZH	,					
14. I do here information	by certify tha	the information this annual	on supplied w	ith this filing	g dees not qual	ify for true a	the exe	emp ural	tion state	d in Section 119.	07(3)(i), Florida State	utes. I furthe	er certify that	the deroath: that
l am an c appears	officer or direction Block 12 o	ctor of the corp r Block 13	normon or the nanged, or or	received of	or trustee empoy ment with an ad	vered dress	to exec	cute	this repo	ort as required by	nall have the same le Chapter 607, Florid	a Statutes:	and that pay	name

SIGNATURE:

E dupubly PEREZ PRESIDENT 4/27/97 6