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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

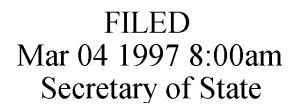
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000076688 (6)

CONCEPTS AND OPTIONS LTD. CORP.

Principal Place of Business

Mailing Address





901 PONCE DE LEON BLVD. STE 703 CORAL GABLES FL 33134		901 PONCE DE LEON BLVD. STE 703 CORAL GABLES FL 33134-3073						
					3. Date Incorporated or Qualified 09/16/1996	3a. Date of Last	Report	
	ace of Business	2a. Mailing Address	_		4, FEI Number		Applied For	
21 5801	SW 74th Terr	26 SAME AS	2	·····	65-0714231		Not Applicable	
Suite Apr. #. etc. 22 Suite # 2		Suite, Apt. #, etc.		5. Certificate of Status Desired	, , , , ,	\$8.75 Additional Fee Required		
City & State	upric, Fl.	City & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24 3514	13 25 Dade	Zip 29	Countr 30	У	This corporation has liability for Florida Statutes	intangible tax under Yes 🍒 No	s. 199.032,	
	g. Name and Address of Cure	ent Registered Agent			10. Name and Address of New Re	gistered Agent		
ABA	SCAL, ARTURO		8.	l Name				
901 STE	PONCE DE LEON BLVD. 703				Address (P.O. Box Number is Not Acceptate	ole)		
COR	IAL GABLES FL 33134		8:					
	1	Λ	64	1			Code	
11. Pursuant I	to the provisions of Serious 207 egistered age	502 and 1017.1508, Florida Statu ate of Jiorda Such change was	tes, the abor	ve-named	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing	its registered	
agent La	m famille will	hatid is 6. Section 607.0505, FI	orida Statute	98.	porations Example of directors. Thereby accep	or the appointment a	s registered	
SIGNATURE	-ANV	VI						
	Signature, typed or printed name of recitired		TE Registered A	gent signature	e required when reinstating)	DATE		
12.	OFFICE 4		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	D	☐ DELETE	1.1 TITLE		9	☐ Change	Addition 3	
NAME	ABASCAL, ARTURO		1.2 NAME		LOURDES A. QUIRCH)		
STREET ADDRESS	901 PONCE DE LEON BLVD		1.3 STREE	T ADDRESS	5801 SW 74 TERR		ļ	
CITY-S1-7/P	CORAL GABLES FL 33134		1.4 CITY-		32. Mismi , F. 33143		}	
FILE	L] DELETE		21 TITLE		ROSA V. Perez	Change	Addition C	
NAME			2.2 NAME		747 Catalonia Ave.			
STREET ADDRESS			2 3 STREI	ADDRESS				
CHY-SI-7F			2 4 CITY		Grall Gables, A. 3			
BITLE		☐ DELETE	31 TITLE			Change	Addition	
NAME		•	3 2 NAME					
STREET ADDRESS			3 3 STREE	T ADDRESS				
CITY-ST-7/P			3.4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS			4.3 STREE	ADDRESS				
CITY-ST-ZIF			4.4 CITY-	ST-ZIP				
DILE		DELETE	5.1 TITLE			Change	Addition	
NAME			5 2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY+ST-ZiP			5.4 CITY-	ST-ZIP				
1/ILE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CHTY+ST+ZIP			6.4 CITY	ST-ZIP				
1.4 Lela hazak	we could although the information even	lind with this films does not avail			stated in Coation 110 07(3\/i). Elevida Statute	a I further continues	1 1h 0	

4. 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 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 Black 13 if changed, or on an attachment with an address.

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97 (30s) 667-3535