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 # P96000077826 (1)

FILED Feb 13 1997 8:00am Secretary of State

| Principal Place of Business Mailing Address 15010 S.W. 301 TERRACE 15010 S.W. 301 TERRACE | | | | | | | |
|--|--|--|------------------|---|--------------|--|--|
| MIAMI FL 33033-3770 | | | | | | Date Incorporated or Qualified | |
| | | | | | | 09/18/1996 | |
| 2. Principal f | Place of Business | 2a. Mailing Address | | | | 4, FEI Number Applied For | |
| 21 26 | | | | | | 65-0131756 Not Applicable | |
| Suite, Apt. #, etc. | | | . #, etc. | | | 5. Certificate of Status Desired S8.75 Additional | |
| 27 City & State City & State | | | | | | Fee Required | |
| 23 | | 28 | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| Zip | - Country | Zip | Cou | ntry | | 8. This corporation has liability for intangible tax under s. 199.032, | |
| 24 | 25 | 29 | 30 | | | Florida Statutes Yes No | |
| | 9. Name and Address of Curr | ent Registered Agent | | | | 10, Name and Address of New Registered Agent | |
| ALE | BURY, GERALD L | | | B1 N | lame | | |
| 15010 S.W. 301 TERRACE | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| MLA | MI FL 33033 | | | | | | |
| | | | | B3 | | | |
| | | | | B4 C | City | B5 Zip Code | |
| | | | | | | rporation submits this statement for the purpose of changing its registered | |
| office or agent. I a | am familiar with, and accept the obl | ligations of, Section 607.050 | 05, Florida Stat | utes. | | ation's board of directors. I hereby accept the appointment as registered | |
| 12. | Signature, typed or printed name of registered a | agent and title if applicable AND DIRECTORS | (NOTE Registere | d Agent s | gnature requ | ured when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D | DELET | | TLE | | Change Addition | |
| NAME | 41 01 01 AMALIA I | | 12 N | | | _ · _ | |
| STREET ADDRESS | The same of the sa | | 135 | REET ADD | ORESS | | |
| CiTY-ST-ZIP | HOMESTEAD FL 33033 | | 14 C | TY-\$T-Z | iP . | | |
| TITLE | 0 | DELET | E 21 TI | TLE | D | Change 🔼 Addition | |
| NAME | EDWARD F. PEREZ 75000 F 77.84 S.W. 35 TERRACE MODINS, FL 33155 | | 22 N | AME | 8 | EDWARD F. POROZ | |
| STREET ADDRESS | 75000 5 77.84 S. | W 35 FURRACE | 2 3 S | TREET ADE | DRESS 7 | 7784 SW 35 THEROLE | |
| CITY-ST-ZIP | moons, the 35 | /2 / | 2.4 CHY-S1- | | 11P / | 480ms, FL 33155 | |
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| NAME | | | 6 2 N | AME | } | | |
| STREET ADDRESS | | | 63 SI | REET ADD | ORESS | | |
| CITY-ST-ZIP | | | 6.4 C | TY-\$T-7 | IP . | | |

14. 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 eath; 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

20.90 705 247-9059