SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077975 (6)
AGUILA ROJAS & ASSOCIATES, P.A.



97 AUG 13 AM 10: 36

SECRETARY OF STATE TALLAHASSEE, FLORIDA



,									
Principal Place of Business Mailing Address 1993 U.S. 27TH SO. 1993 U.S. 27TH SO.								• • • • • • • • • • • • • • • • • • • •	
1993 U.S. 27TH SO. 1993 U.S. 27TH SO. SEBRING FL 33870 SEBRING FL 33870									
						DO NOT WRITE			
						3. Date Incorporated or Qualified 09/19/1996	3a. Dat	te of Last R	eport .
2. Principal P	Place of Business	26. Mailing Ad	2e. Mailing Address			4. FEI Number	<u> </u>	Ar	oplied For
21		26				6.5-069693	<u> </u>		ot Applicable
Sulte, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
City & Stat		[27]	City & State						equired
23	0	h	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country Zip		Country		,	8. This corporation owes or has paid the current year Intangible			
24	25					Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent					1	10. Name and Address of New Registered Agent			
AGUILA, ADOLFO Z				81	Name	ame			
	I U.6. 27TH SO. RING FL 33870			82	Street Ac	Address (P.O. Box Number is Not Acceptable)			
SEDI	ning FL 338/0			83	 				
				00					
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections	ons 607.0502 and 607.1508, FI	orida Statutes, the	e abov	e-named co	orporation submits this statement for the ration's board of directors. I hereby acce	purpose of	changing it	is registered
agent. I a	am familiar with, and acco	opt the obligations of, Section 6	07.0505, Florida S	Statute	s.	ration's board of directors, I hereby acce	bt me abbr	ишпен аз	registereu
SIGNATURE	Signature broad or printed person	of registered agent and tire if applicable	(NOTE: Popie	tored &n	ont piggaturo eg	guired whon reinstating)	DATE		
12.		FICERS AND DIRECTORS		3.	en algriciolo (b.	ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12
TITLE	PSTD		DELETE 1	.1 TITLE				Change	☐ Addition
NAME	AGUILA, ADOLFO Z	_	1	.2 NAME		8000022	711	18-	O
STREET ADDRESS	3109 SUNRISE DRIV	E	1	.3 STREE	ADDRESS	8000022 -08/19/ ****16	370Î	0400)06
CITY-ST-ZIP	SEBRING FL 33872			.4 CITY-	ST-ZIP	※米米米16			
TITLE	ļ -		DELETE 2	.1 TITLE	1			Change	Addition
NAME			2	.2 NAME					
STREET ADDRESS			2	.3 STREE	T ADDRESS				
CITY-ST-ZIP				. 4 City-	ST-ZIP				The Law
TITLE				.1 TITLE]			∐ Change	Addition
NAME	· ·			.2 NAME	ADDDICC				
STREET ADDRESS CITY ST-ZIP					ADDRESS				
TITLE				4. CITY- .1 TITLE	51-219	·		Change	Addition
NAME		_	•	2 NAME					_
STREET ADDRESS			4	3 STREE	ADDRESS				
CITY-ST-ZIP				A CITY-	- 1				
TITLE			a a disease	1 TITLE		^ /		Change	Addition
NAME			5.	2 NAME		/) //	Iam		
STREET ADDRESS			5	.3 STREE	ADDRESS		1 .	`	
CITY-ST-ZIP				4 CITY-S	ST-ZIP	<u> </u>	210-	<u> </u>	
TITLE			DELETE 6	.1 TITLE	7	011	ידף	Change	Addition
NAME			6.	2 NAME		(·	ı	B	1
STREET ADDRESS			6.	.3 STREE1	ADDRESS		/	\mathcal{K}	
CITY-ST-ZIP			6	4 CITY-S	ST-ZIP		- 1/	ンメ	

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 it 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 Block 13 it changes or on an attachment with an address.

SIGNATURE: