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

Mailing Address

380 E. 9TH STREET STE 14

HIALEAH FL 33010-4260

PROFIT *
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000079645 (3)**

CECILIA MURIAS, INC.

Principal Place of Business

380 E. 9TH STREET STE 14

HIALEAH FL 33010

3. Date Incorporated or Qualified 3a. Date of Last Report 09/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0697787 21 26 Not Applicable Suite, Apt. #, ctc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees $Z_{\rm ID}$ Country Country 8. This corporation has liability for intangible tax under s. 199.032, 25 30 X Yes \ \ \ No 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMARO, M B Name 2000 SOUTH DIXIE HIGHWAY STE 102 Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33133** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE_Registered Agent signature required when reinstating) $\Im g(r) + e^{-r} g * d or protect each of regional agent and title diapplicable$ 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE ___ Addition THE 1.1 TITLE Change MURIAS, CECILIA NAVE 1.2 NAME 69 EAST 5TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33010 CHY - \$1 - 21P 1.4 CITY-ST-ZIP DELETE THILE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP DELETE TOTAL 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STEEL LAUDRESS 3 3 STREET ADDRESS Offy-SE-ZE 3.4. CITY-\$1-ZiP TIFLE DELETE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - \$1 - 74P 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TifLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE THEF ☐ Change Addition 6.1 TITLE NAVE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 City-St-ZiP 14. I do nereby certify that the information supplied with this fong 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 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 if changed, or on an altachment with an address.

FILED Mar 10 1997 8:00am Secretary of State



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