## 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 # P96000082578 (1)

Principal Place of Business	
	Mailing Address
WEST PALM BEACH L	AUNUNT, INC.
WIECT DAIM DEACH (	ALIMIDDY INC

## FILED May 12 1997 8:00am Secretary of State



WEST PALM BEACH FL 33415		WEST PALM BEACH FL 33415-4748							
					3. Date incorporated or Qualified 10/01/1996	3a. Date	of Las	t Report	
2. Principal Place of		2a. Mailing Address			4. FEI Number			Applied For	
27 6280 FORESTHILL BLUD 26					65-0703261			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State  23 G'REEN ACRES FLORIDA 28			**************************************		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zp 24 33415	Country 25	Zip 29	Country 30	1	8. This corporation has liability for i		x unde No	r s. 199.032,	
	Name and Address of Current		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10. Name and Address of New Re	platered A	pent		
GARRID(	O, NESTOR		81	Name					
1443 SU	IMMIT RUN CIRCLE ALM BEACH FL 33415		82	Street	Address (P.O. Box Number is Not Acceptab	le)	<del></del>		
WEST FA	ALM DEACH PE 33413		83		and allowers and a second of the second of t				
ı			84	City		FL	85 Z	p Code	
office or registe	e provisions of Sections 607.0502 ered agent, or both, in the State o niliar with, and accept the obligati	l Florida. Such change was a	authorized b	y the corp	corporation submits this statement for the p poration's board of directors. I hereby accep	urpose of o t the appo	hangini Intment	g its registered as registered	
SIGNATURE Signate	ure ity; ect or printed name of registered agent	and title if applicable. (NOT	E Registered Ag	ent signature	required when reinstating)	DATE	······		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECT	ORS IN 12	
TOLE		☐ DELETE	1.1 TITLE		PRESIDENT	7	Chang	e Addition	
NAME STREET ADDRESS			1,2 NAME 1,3 STREE	1 ADDRESS	NESTOR GARRIDO 1443 SUMMIT ROU CIR				
CITY - ST - ZIP			1.4 CITY-	ST-ZIP	WEST PALM BEACH - FLORID	IVSE A	\$		
TILE		☐ DELETE	2.1 TITLE				Chang	e Addition	
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	T ADDRESS					
CITY-S1-ZIP			2. 4 CITY-	ST-ZIP		34.1			
TITLE		DELETE	3.1 TITLE			l	Chang	e Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY - ST - ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Chang	e 🔲 Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-7IP			4.4 CITY-	ST-ZIP					
THTLE		DELETE	5.1 TITLE				Chang	e Addition	
NAMÉ			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS					
D-TY - ST - ZIP			5.4 CITY-						
TITLE		☐ DELETE	6.1 TITLE	T			Chang	e Addition	
NAME		<del></del>	6.2 NAME					<del></del> -	
STHEET ADDRESS				T ADDRESS					
CHY-ST-ZIP	willy that the information processed	with this filing days and avail	6.4 CITY-		tated in Section 110 07/2Vi). Florida Statuto	n I di indhan	navelé, ak	at the	

14. I do nercoy 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 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 attachment with an address.

SIGNATURE:

Notin Gamed

NESTOR GARRIDO

04/26/47

(561)964-4244