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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 25 1997 8:00am

Secretary of State

305

Sandra B. Morthan

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083560 (8)

SANTIAGO FAMILY CORPORATION

Principal Place of Business Mailing Address					LUNGHARAL UIB TALIA BULUH ARTIGE DURKU DANIA	BBIOI HEIEB EIFBE BAIAO OIII	
407 SOUTH ST KEY WEST FL 33040		407 SOUTH ST KEY WEST FL 33040-3137					
					3. Date Incorporated or Qualified 10/07/1996	3a. Date of Last F	Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	X ^	pplied For	
21		26				ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired	
City & State		City & State		Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution		to Fees
Zip 24			Country 30	1		or intangible tax under s. 199.032, X Yes □ No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	istered Agent	
	TIAGO, RAMONA		81	Name			
407 SOUTH ST			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
KEY	WEST FL 33040		83				
			L				
			84	City		FL 85 Zip	Code
11. Pursuant to office or reagent. La	to the provisions of Sections 607,0503 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Horida. Such change was a ations of, Section 607.0505, Flo	es, the above authorized by orida Statutes	named corporate.	poration submits this statement for the p lion's board of directors. I hereby accep	urpose of changing in the appointment as	its registored s registered
SIGNATURE	Signature, typod or printed name of registered age:	and and and all the months are to the control of th	f. time tower tow	ole su shanses a	red when reinstating)	DATE	
12.	OFFICERS AND		13.	of Silvanore, reality	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	D	☐ DELETE 1.1		·····		Change	Addition
NAME	SANTIAGO, RAMONA		1.2 NAME				
STREET ADDRESS	407 SOUTH ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	KEY WEST FL 33040		1.4 CITY-ST-ZiP			T 200	T Awares
TITLE	D L DELETE SANTIAGO, INOCENTE O		21 TITLE			L Change	Addition
NAME Street Adoress	407 SOUTH ST	2.2 NAME		ADDOCCO		•	
CITY-ST-ZIP	KEY WEST FL 33040	2.3 STREET ADDRESS 2.4 C(TY-ST-7)P					
TITLE	D	DELFTE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
-STREET ADDRESS			3 3 STREET ADDRESS				
CITY-ST-ZIP	KEY WEST FL 33040		3 4. CITY - S	I - ZIP		T Observe	Addition
TITLE			4.1 11TLE		L_J Change L_J Additi		Addition
NAME	ANNESS		4. 2 NAME 4.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-S				
TITLE	65,535		5.1 TITLE	5		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	1 - ZIP			
TITLE		DELETE	6.1 1111.			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

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 intachment with an address.