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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

"Sandra B. Mortham" 🐪

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083766 1. Corporation Name

EV. WODY'S MTA EX-WORKS MIAMI CORP. 1360 N.W. 78th AVE. MIAMI, FL. 33126-1606606

Principal Place of Business

Mailing Address

FILED Jun 16 1997 8:00am Secretary of State

		KS MIAMI CORP. W. 78th AVE FL. 33126		3. Date Incorporated or Qualified 10/10/96	3a. Date of Last f	deport
2. Principal Place of Business SAME		2a. Mailing Address		4. FEI Number 65-0700440	Applied For	
Suite, Apt. #. etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
27				Fee Requ		equired
28		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Bo Added to Fees	
Zip 24				corporation has liability for intangible tax under s. 199.032, la Statutes		
	9. Name and Address of Cui		1001	10. Name and Address of New Re-		
1:	IEGO M. GONZALI 360 N.W. 78th A IAMI, FL. 3312	VE	82 Street Add 83 84 City	iress (P.O. Box Number is Not Acceptab		Code
SIGNATURE	Jonature Types printed ray of Court	sgott and title if purchasers (NC	DIEGO N		-97	
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DIEGO M. GONZA 1360 N.W. 78th MIAMI, FL. 33	AVE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP		∐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ OELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 2 4 CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETI	31 THLE 32 NAME 33 STREET ADDRESS 34 CHY-S1-7P	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP		Change	Addition
THLE NAME STREET ADDRESS		DETELE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		Change 4	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELFTE	5.4 CHY-SI-ZIP 6.1 THE 6.2 NAME 6.3 SIREEL ADDRESS 6.4 CHY-ST-ZIP	9000022: -06/17/97010 ***165.00		Add tion
14. I do heret	by certify that the information supply in indicated on this annual report flicer or director of the confunction Block 12 or Block 13 if the type of the confunction Block 12 or Block 13 if the type of type of the type of the type of the type of the type of type of type of the type of type o	or supplemental annual report is	lify for the exemption state true and accurate and that	d in Section 119.07(3)(.), Florida Statutes it my signature shall have the same lega ort as required by Chapter 607, Florida S	Leffect as if made un	der oath: that l

PRESIDENT

5/12/97