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.)

COR ANNL	PROFIT PORATION JAL' REPORT 1997	FLORIDA DEPARTA Sandra B. M Secretary of DIVISION OF COL	Northam of State	FILED	
DOCUMENT # P96000086135 (6) TERESITA SHELTON, P.A.				97 AUG 29 PM 3:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	3/12 14/21 1403 1/16/ 6/4 1804
Principal Place of Business Mailing Address 201 MADEIRA AVENUE CORAL GABLES FL 33134 Mailing Address CORAL GABLES FL 33134				DO NOT WRITE IN THI 3. Date Incorporated or Qualified 3a.	
2. Principal Place of Business 2a. Mailing Address 26				10/17/1996 4. FEI Number 65-0 70 3 98 6	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 Zip	Country	City & State 28 7/p	Country	6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the c	\$5.00 May Be Added to Fees
24	25 9. Name and Address of Curre //RIA, JORGE	29 30	¬ '	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
9769 S. DIXIE HIGHWAY SUITE 201 MIAMI FL 33156			l		
L			84 City COR	CORAL GRAPIES FL 85 Zin Coode 4	
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. I am finiliar vital and recept the obligations of, Section 607.0505, Florida Statutes SIGNATURE SIGNATURE					
12.	Significate, Typed or pointed name of registered age OFFICERS AN	CONTROL OF A CONTR	eg stored Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	D SHELTON, TERESITA 201 MADEIRA AVE	☐ D£LĒTĒ	1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS	100002233 -09/03/97	ŭ1056006
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY - S1 - ZIP	*****! しら. U.U	****165.00
TITLE NAME	,	DELETE	2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS 2. 4 CITY - ST - ZiP		
TITLE NAME		DETELE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS City-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE NAME		L DETETE	4 1 111LF 4. 2 NAME		Change Addition
STREET ADDRESS CITY-S1-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
NAME		□ DELETE	5.1 TITLE 5.2 NAME	· _	Change Addition
STREET ADDRESS CITY-ST-ZIP		DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Addition Addition
TITLE NAME STREET ADDRESS		ייי אנינונ	6.1 TITLE G.2 NAME 6.3 STREET ADDRESS	8,2	Vertebende - Nonmon
CITY-ST-ZIP 14. I do hereb	by certify that the information supplies	ed with this filing does not qualify f	64 CRY-ST-ZIP or the exemption stated and accurate and that	in Section 119.07(3)(i), Florida Statutes. I furth	ner 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 or an attachment with an address.					



Teresita Shelton

1108 Valencia Avenue Coral Gables, Florida 33134 (305) 461-2551

Florida Department of State 1997 Corporation Annual Report

RE: TERESITA SHELTON, P.A. # P96000086135 (6)

Dear Sirs:

Enclosed please find check # 274 payable to Florida Department of State in the amount of \$165.00.

This check replaces check # 108 which I mailed together with annual report form on January 2, 1997. This check was apparently lost since it has not cleared my bank account as of today. As you can see by my enclosed statement that check was missing.

If you have any questions please contact me at 305-442-0091.

Sincerely,

Teresita Shelton