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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000086287 (5)

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May 06 1997 8:00am
Secretary of State

0227971

Principal Place of Business  6555 NW 36TH STREET 6595 NW 36 ST 6339 NW 36TH 6TREET 96  SUITE 201+H SUITE C 205-2 NMAIN FL 83106 6376	682 FOUNTAIN AMI OF 1 33	oble 40 v3 lv0 ap7	706	
MIAMI FL 33108 /VIAMI FL 33156		3. Date Incorporated or Qualified 10/18/1996	Sa. Date of Last I	Report
2. Principal Place of Business 21 6595 N W 30 ST Suite, Apt. #, etc.  28. Mailing Address 26 9682 Touri	Tain bleau blu	4. FEI Number	V	pplied For lot Applicable
22 205-2  27 706		5. Certificate of Status Desired	Fee F	Additional lequired
City & State  City & State  City & State  City & State  28 MIAMI	61	Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip Country U.S. Zip 33172 30	Country US		Yes 🔲 No	s. 199.032,
g, Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
FURTADO, FLAVIO . 6555 NW 36TH STREET		ress (P.O. Box Number is Not Acceptal	ole)	
SUITE 201-H MIAMI FL 33166	83			·····
William 1 E 30 100	84 City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. Familiar with, and accept the obligations of, Section 607.0505, Florid	the above-named corp horized by the corporal	poration submits this statement for the p		its registered
aught 1 an famhar with and accopt the beneamons of Section but thus have			bi the appointment a	•
• • • • • • • • • • • • • • • • • • • •	la Statutes.		py the appendix of a	
SIGNATURE Styrict are figured or profiled name of registered agent and title if applicable (NOTE Re	egistered Agent signature requi	ired when reinstating)	DATE	
SIGNATURE Stip or the April or profiled name of registered agent and title if applicable (NOTE Rill 12. OF FICERS AND DIRECTORS	pa Statutes.  egistered Agent signature requi		DATE CERS AND DIRECTO	RS IN 12
SIGNATURE Step or recognised name of regulated agent and tills if applicable (NOTE Richard September 12). OFFICERS AND DIRECTORS THE D D DELETE	egistered Agent signature requi	ired when reinstating)	DATE	RS IN 12
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SIGNATURE  Step of the Explosion of pointed name of registered agent and title if applicable (NOTE Fit  12. OF FICERS AND DIRECTORS  THEF  NAME  FURTADO, FLAVO  8555 NW 38TH STREET, H-201	egistered Agont signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating)	DATE CERS AND DIRECTO	RS IN 12
SIGNATURE Signature System or posited name of regulated agent and tills if applicable (NOTE Fit  12. OFFICERS AND DIRECTORS  TITLE DELETE FURTADO, FLAVIO SINGELI ADDRESS 6555 NW 36TH STREET, H-201 JMIAMI FL 33166	egistered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ired when reinstating)	DATE CERS AND DIRECTO	RS IN 12
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SIGNATURE  Styles to profite name of registered agent and tills if applicable (NOTE Fit  12. OFFICERS AND DIRECTORS  TRUE  NAME  FURTADO, FLAVIO  SISTEL APDRESS  CITY STORM  MIAMI FL 33168  THE PRESS DULCE M. REYES DELETE  NAME  9682 FOUNTAIN BLOOD BLOD #706	as Statutes.  13. 1.1 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 City-ST-ZiP 2.1 Tifle 2.2 NAME	ired when reinstating)	DATE CERS AND DIRECTO Change	RS IN 12
SIGNATURE  Styles to profite name of registered agent and tills if applicable (NOTE Fit  12. OFFICERS AND DIRECTORS  TRUE  NAME  FURTADO, FLAVIO  SISTEL APDRESS  CITY STORM  MIAMI FL 33168  THE PRESS DULCE M. REYES DELETE  NAME  9682 FOUNTAIN BLOOD BLOD #706	egistered Agont signature requi 13. 1.1 TifLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-ST-ZiP 2.1 TifLE	ired when reinstating)	DATE CERS AND DIRECTO Change	RS IN 12
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SIGNATURE  Signature injector position name of registered agent and title it applicable (NOTE RE INC.)  12. OFFICERS AND DIRECTORS  THE PURITADO, FLAVO 6555 NW 38TH STREET, H-201 MIAMI FL 33168  THE PRIS DULCE M. ROYES DELETE  NAME 9682 FOUNTAIN BLOOD #106  STREET ADDRESS  DILAMI FL 3317Y  THE DELETE	egistered Agont signature requi 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ired when reinstating)	DATE CEAS AND DIRECTO Change	RS IN 12 Addition
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