4-29-97 B- 5742

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 # P96000086704 (9)

Principal Place of Business Mailing Address 7843 ST. ANDREWS CIRCLE ORLANDO FL 32835 ORLANDO FL 32835-8169					
				3. Date Incorporated or Qualified 3a.	Date of Last Report
				10/18/1996	
	lace of Business	2a. Mailing Address	- 5 -	4. FEI Number	Applied For
21 6226			O. B. T.	59- 3432895	Not Applicable
Suite. Apt	#, etc TE # 103	Suite, Apt. #, etc.	103	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 \$ 67 (City & Stat		City & State	103	6. Election Campaign Financing	
	ANDO, FL.	28 ORLAND	o, FL.	Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangib	
328	09 [25]	29 32835 3	ol	Florida Statutes	□ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
	iero, jorge		81 Name		
	ST. ANDREWS CIRCLE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
ORL	ANDO FL 32835		83		
			63		
			84 City	F	85 Zip Code
SIGNATURE	Signature, type dior printed having of registered agen OFFICERS AND	t and title if applicable (NOTE)	Registered Agent signature requir		
Till (D OFFICENS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	PRADA, ALFONSO	C Section	1.2 NAME		CT cutado CT treation
SIFEET ADDRESS	7830 BRIDGESTONE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2 1 TITLE		Change Addition
NAMÉ	ROMERO, JORGE		2.2 NAME		
STREET ADDRESS	7843 ST. ANDREWS CIRCLE		23 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL 32835		2.4 City-St-ZiP	and the second s	
INTE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	3.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	L Change L Addition
NAME		- PARTE	4.1 (IIEE 4.2 NAME		El énanão El vaquinou
STREET ADDRESS			4.3 STREET ADDRESS		
CiTY - S1 - ZiP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	10° - 10° -	Change Addition
NAME.			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City-S1-ZiP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

SIGNATURE:

STREET ADDRESS

CITY - S1 - ZIP

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling 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 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.

0095081

FILED

Apr 29 1997 8:00am

Secretary of State