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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mchham 🦼

FILED

Sep 19 1997 8:00am

Secretary of State

Socretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000086901 (1)
1. Corporation Name
PERUPPORT AND THE PROPERTY AND THE PROPERTY

57			Mailing Address 5701 SW 94TH PLACE MIAMI FL 33173-1535			
					10/22/1996	, Date of Last Report
2. 21	2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65 070 26 97	Applied For Not Applicable
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	Country 25		Gountry 30		No No
<u> </u>	.,	9, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registe	red Agent
		RCIA, JOAQUIN M		81 Name		
		1 SW 94TH PLACE		B2 Street Ad	B2 Street Address (P.O. Box Number is Not Acceptable)	
ļ	MIA	MI FL 33173-1535		-		
		+		83		
			ř	84 City		FL 85 Zip Code
A Particular the many deliver of Continue COZ Of CO2 and COZ Af CO2 Florida Continue			COO and CO7 1600 Florida Statut	as the shows semades		
'''	office or r	egistered agent, or both, in the Sta	ite of Florida. Such change was a	es, the above-hamed co authorized by the corpor	orporation submits this statement for the purpor ration's board of directors. I hereby accept the	appointment as registered
	agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Fic	orida Statutes.		
SIC	GNATURE	Signature, typed or printed name of registered a	sored and tile Languable (NOT	Hegistered Agent signature rec	guired when reinstating) DA	
12			ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITE	.E	PD	DELETE	1.1 TITLE		Change Addition
NAN	AE .	GARCIA, JOAQUIN A		1.2 NAME		
STR	EET ADDRESS	14922 SW 69TH ST.		1.3 STREET ADDRESS		
CITY	Y-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITL	.Ē	VO	DELETE	2.1 TITLE		j
NAM	ME	garcia, Joaquin M				Change Addition
STR	EET ADDRESS			2.2 NAME		Change Addition
CITY		5701 SW 94TH PLACE		1		Change Addition
TITL	1-ST-ZIP	MIAMI FL		2.2 NAME		Change Addilion
		MIAMI FL STD	☐ DELETE	2.2 NAME 2.3 STREET ADDRESS		Change Addition
NAM	E	MIAMI FL STD GARCIA, BEATRIZ	☐ DELETE.	2.2 NAME 2.3 STREET ADDRESS 2 4 City-St-Zap		, and the second
	E	MIAMI FL STD GARCIA, BEATRIZ 5701 SW 94TH PLACE	☐ DELETE ,	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		, and the second
STR	E ME	MIAMI FL STD GARCIA, BEATRIZ	,	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
STR CIT	E ME BEET ADDRESS Y-ST-ZIP E	MIAMI FL STD GARCIA, BEATRIZ 5701 SW 94TH PLACE	☐ DELETE .	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	V.5	☐ Change ☐ Addition
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STR CIT' TITL NAA STR	E ME EET ADDRESS Y-ST-ZIP E AE AE EET ADDRESS	MIAMI FL STD GARCIA, BEATRIZ 5701 SW 94TH PLACE	,	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	PATRICK WILLIAMS HAMBY PL DRIVE ACWORTS, GA SOION	☐ Change ☐ Addition
STR CIT' TITU NAA STR CITY	E ME	MIAMI FL STD GARCIA, BEATRIZ 5701 SW 94TH PLACE	☐ DELF1E	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	VS PATRICK WILLIAMS HAMBY PL BRIVE ACWORTS, GA SOLOX	☐ Change ☐ Addition
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is filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the fiental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that separate or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name afficient with an address. 14. I do hereby certify that the information supply information indicated on this annual report for I am an officer or director of the corporation appears in Block 12 or Block 13 if changed.