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 # P96000092250 (5)

BLANCO & GOLDMAN, P.A.

Mailing Address Principal Place of Business 8360 WEST FLAGLER STREET 8360 WEST FLAGLER STREET SUITE 204 SUITE 204 MIAM! FL 33144-2042 MIAMI FL 33144 3. Date Incorporated or Qualified Date of Last Report 11/08/1996 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For AKES DRIVE 8004 MIAMI LAKES DRIVE 2004 Minmil 65-0707509 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SUITE Fee Required SUITE City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAMI Trust Fund Contribution Added to Fees 8. This corporation has liability for intengible tax under s. 199.032, UŚA 3016 Yes No Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent arvesu, manuel m esq 100 S.E. 2ND STREET Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 3700** В3 **MIAMI FL 33131** Zip Code City 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) 12. OFFICERS AND DIRECTORS 13, DELETE Change Addition 1.1 TITLE HILLE BLANCO, WILLY D NAME 1.2 NAME 8360 WEST FLAGLER STREET, SUITE 204 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33144** 14 City-ST-ZIP CITY ST-ZF DELETE 21 TITLE Change Addition THLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - \$1 - ZiP 9.4 CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE THE 4 2 NAME MAMI 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-ST-ZIP CITY ST-ZIP DELETE Change Addition

14. I do hereby certify that the information supplied with this filing 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 hanged, or on an attachment with an address. appears in Block 12 or Block

5.1 TITLE

5.2 NAME **5.3 STREET ADDRESS**

6.1 TITLE

62 NAME

5.4 CITY-ST-ZIP

63 STREET ADDRESS

6.4 City-St-ZIP

SIGNATURE:

THEF

TITLE

NAME

STREET ACCRESS

STREET ADDRESS

C:1Y - ST - 7/F

REOURED

DELETE

Daytime Phone #

Change

Addition

FILED

Apr 21 1997 8:00am

Secretary of State

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