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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000095876 (4)

Principal Place of Business Mailing Address 6826 NW 169TH ST. MIAMI FL 33015 MIAMI FL 33015-4210						
						3. Date incorporated or Qualified 3a. Date of Last Report 11/25/1996
— –	lace of Business	2a. Mailing Address				4. FEI Number Applied For Not Applicable
Suite, Apt	#, elc.	Suite, Apt #, etc.				S8 75 Additional
22		27				Fee Required
City & State	0	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23 Zip			Cou	intry		This corporation has liability for intangible tax under s. 199.032.
24	25	——————————————————————————————————————				Florida Statules Yes No
	9. Name and Address of Curr	ent Registered Agent		241		10. Name and Address of New Registered Agent
NOVO, SANDRA				81	Name	
6826 NW 169TH ST.				82	Street Add	dress (P.O. Box Number is Not Acceptable)
MAN	AI FL 33015			83		
				84	City	FL 85 Zrp Code
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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
	m familiar with, and accept the ob	ligations of Section 607.0505, Fi	orida Stat	lules.		
SIGNATURE	Signature, typied or printed name of registered	agent and title if applicable (NO)	E: Registere	d Agent	signature requ	ulred when reinstaling? DATE
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP DELETE 1:11 GUERRA, MICHAEL B 12h				Change Addition	
NAME STREET ADORESS	6826 NW 169TH ST.		1.2 NAME 1.3 STREET ADDRESS		pontee	
CITY - ST - ZIP	MIAMI FL 33015		1.4 CITY-ST-ZIP			
TITLE	DST				4".	☐ Change ☐ Addition
NAME			2.2 N	AME		
STREET ADDRESS	6826 NW 169TH ST.		2.3 STREET ADDRESS		DORESS	
CITY-ST-ZIP	MIAMI FL 33015		2.4 CITY-ST-ZIP		- ZIP	
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME		}	Change Addition
NAME STREET ADDRESS			ame Ireet al	nnoree		
CITY-ST-ZIF			TY-\$1-	· ·	·	
TITLE	DELETE 4.17			- 211	☐ Change ☐ Addition	
NAME			IAME		·	
STREET ADDRESS			4.3 S1	TREET AL	DDRESS	
C-TY-ST-ZIF			4.4 CITY		ZIP	
TITLE		DELETE	5.1 TITLE		Ī	Change Addition
NAME CAOSES ABORGOS			5.2 N/		DODECE	
STREET ADDRESS CITY - ST - ZIP				IHLEFAL ITY+ST-	DDRESS	
THEF		DELETE	6.1 Ti		±1f	☐ Change ☐ Addition
NAME			6.2 N			_ , _ ,
STREET ADDRESS					DORESS	
CITY - ST - ZIP				ITY-SY-	i i	

SIGNATURE:

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 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 composition or the receiver for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an illiamment with an address.

FILED

May 02 1997 8:00am

Secretary of State