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

**PROFIT CORPORATION ANNUAL REPORT** 

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 20 1998 8:00am Secretary of State

	1998	DIVISION OF CO	ORPORATIONS	Secreta	ry of State
	MENT # P96000	0096327 (7)			
				A ARBITRA HARA ARAYA BAYAN ARAYA ARAYA ARAYA	SAMUL ATAMA DAMAK AMBAK AMBAK ABAH AMBA
Bringing Piece	on of Runinosa	Mallion Address			
Principal Place of Business Mailing Address 7775 N.W. 66TH STREET 7775 N.W. 66TH STREET					
MIAMI FL 33166 MIAMI FL 33166				DO NOT WRITE IN	A TUIC COACE
				DO NOT WRITE IN  3. Date Incorporated or Qualified	THIS SPACE
				11/26/1996	
· ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-	65-0712913	Not Applicable \$8.75 Additional
22		27	VI. 12 (1)	5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution  8. This corporation owes or has paid	Added to Fees
24	25		10	Personal Property Tax due June 36	D. 🗋 Yes 🗌 No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Regi	stered Agent
DIAMO DO DO DE LA					
7775 NW 66 ST. 82 Street Addr.				Address (P.O. Box Number is Not Acceptable	)
A 11 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A			775 NW 66 St.		
			84 City	73 1111 03 00.	85 Zip Code
11 Durauant	to the provinces of Captions 607.050	2 and 607 1500. Florida Clatidas	ТМ	AMT	FL    33166
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.					
SIGNATURE	Millous C. Hon			Dun Dern Bus	3-25-98
	Signature, lyped or printed name of registered age	it and tile if applicable (NOTE	Registered Agent signature		DATE
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
NAME	LIANES, ALEJANDRO	_	1.2 NAME	D ALFONSO A. LLANES	
STREET ADDRESS	7775 N.W. OBTH STREET		1.3 STREET ADDRESS	7775 NW 66 St	
CITY-ST-ZIP	MIAMI FL 33166 3	D Driett	1.4 City-St-ZIP	MIAMI FL 33166	
TITLE NAME	D LIANES, ALFONSO A	[_] DELETE	2.1 TITLE 2.2 NAME	•	Change Addition
STREET ADDRESS	7775 N.W. 66TH-STREET		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	- And	Change Addition
NAME	BONILLA, DIANA		3.2 NAME		
STREET ADDRESS	7775 N.W. 66TH STREET MIAMI FL 33166		3.3 STREET ADDRESS		
CITY+ST-ZIP TITLE	Mirati I C 00100	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		_ , _
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T DELEVE	4.4 CITY-ST-ZIP		
TITLE NAME		☐ DELETE	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City - ST - ZiP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	certify that the information supplied with	th this filing does not qualify for	6.4 CITY-ST-ZIP the exemption state	d in Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the information

indicated on this annual report or supplemental arrival 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 op as attachment with an address.