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**PROFIT CORPORATION ANNUAL REPORT** 





FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000016690 (4)

## **FILED** Apr 29 1998 8:00am Secretary of State

Principal Plac 11251 NW 61 MIAMI FL 33	TH ST.	Mailing Ac 11251 NV MIAMI FL	₩ 6TH ST.				3. Date Incorpora		ITE IN THI		
2. Principal P	lace of Business	2a. Mailing	Address			<del></del>	02/21/199 4. FEI Number	<i>I</i>		<del></del>	Applied For
21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26	,							$\mathbf{x}$	Not Applicable
Suite, Apt.	#, etc.	Suite, /	Apt. #, etc.				5. Certificate of S	tatus Desired		\$8.7	5 Additional Required
City & Stat	6	City &	State				6. Election Camp	aign Financing	_	\$5.0	May Be
23		28		T 6			Trust Fund Co	<del></del>			d to Fees
Zip	Country	Zip		Country	y		8. This corporation		•	current year	— ·
24	25 9. Name and Address of Curr	29 29 rent Registered A	gent	30			Personal Properties  10. Name and Ad	erty Tax due Ju			∐ No
16			g-1,-	81	Name		Italia area Au	VI 10W		- wann	
	IREU, LUIS										
11251 NW 6TH ST. MIAMI FL 33172					Street Addres		(P.O. Box Number	r is Not Accep	table)		
Mu	AMI PL 331/2			83		-					
					ļ						
				84	City				F	<b>E</b>   85   Zi	ip Code
	to the provisions of Sections 607.0 egistered agent, or both, in the Standard manilia with any accept the ob-			utes, the abov s authorized b Florida Statute	e-named y the cor s.	d corpora rporation	ation submits this s 's board of <b>di</b> recto	tatement for the rs. I hereby acc	e purpose cept the a	of changing ppointment	as registered
SIGNATURE	Signatur, type of printed name of registered OFFICERS A		ile (N	OTE: Registered Ag					7/2 //	ND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signatury of printed name of registered OFFICERS A	agent and title if applicable		OTE: Registered Ag 13. 1.1 TITLE			vhen reinstating)		7/2 //	158	ORS IN 12
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indicated on this annual report or supplied with this him godes not quality for the exemption stated in section 119.07(5)(f), Florida Statutes. Tutther 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 of 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 a state timent with an address.

3/20/6 ( (305) 4638633