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 Mar 11 1998 8:00am Secretary of State

i	1998	DIVISION OF	CORPORATIONS	Secretary of State	
	MENT # P97000	0072413 (2)			
Principal Place		Mailing Address			
6705 N.W. 84TH AVENUE MIAMI FL 33166		6705 N.W. B4TH AVENUE Miami Fl 33166			
MINMIT I C 00100		mum ve adva		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
9 Dringing D	lane of Duringue	2a. Mailing Address		08/19/1997 4. FEI Number ★I Applied For	
2. Principal Place of Business		[26]		4. FEI Number Applied For Not Applied For	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
City & State	О	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
	9. Name and Address of Currer	it Hegistereo Agent	81 Name	IV. Name and Appress of New Registered Agent	
CONCHA, GONZALO A 6705 N.W. 84TH AVENUE MIAMI FL 33166					
			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	85 Zip Code	
			1 1,	FL {	
	to the provisions of Sections 607 050 ogistered agent, or both, in the State m familiar with, and accept the oblig	i2 and 607.1508, Florida Statu of Florida Such change was ations of, Section 607.0505, F	ites, the above-named cor authorized by the corpora lorida Statutes.	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typical or printed maps, of organization	nt and title if applicable (NG	II Registered Agent's gnature requ	ured when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1,1 TITLE	Change Additio	
name	CONCHA, GONZALO A		1.2 NAME		
STREET ADORESS	6705 N.W. 84TH AVENUE		1.3 STRFET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166 D	DELETE	1.4 CITY - ST - ZIP	Change Additio	
TITLE	CONCHA, BEATRIZ C	נ ניננות	2 1 TI7LE 2 2 NAME	C Cuange C Avolato	
NAME STREET ADDRESS	6705 N.W. 84TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		2 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE	Change Additio	
NAME	CONCHA, MAURICE G		3 2 NAME		
STREET ADDRESS	6705 N.W. 84TH AVENUE		3.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33166		3.4. CITY - ST - ZIP		
TITLE		DETEAT	4.1 TITLE] Change Additio	
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Additio	
NAME		La piccit	5.2 NAME	C) orange C) 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		1	6.3 STREET ADDRESS		

14. Thereby certify that the informindicated on this annual report officer or director of the corp. Block 12 or Block 13 if chap. this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information remainded to the first structure and accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

305-4771009