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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S00735

SIGNATURE:

(8)

BITRA C	CORPORATION	Mailing Appress			
6901 NW 82ND BAY #3 MIAMI FL 33160 US	AVENUE	6991 NW 82ND AVENUE BAY #3 MIAMI FL 33166-2776 US		3. Date Incorporated or Qualified	3a. Date of Last Report
Min Dresident Di	A A	20 Mailing Address		09/20/1990 4. FEI Number	04/01/1996
21 6914	tace of Business 42 dT	26 69/4 N. W	142 ft.	65-0215559	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CO 75 A 1471
22		27		5. Certificate of Status Desired	Fee Required
C ty & #10 23	AMI FLORIDA	City & Sylte 28 //AM(	FLORIDA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip) 2/	Country CA	33166	Country C	8. This corporation has liability for i	
24 331	6 P   25   V. J. H.	1231	30 1, 0, 17.	Florida Statutes  10. Name and Address of New Reg	Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Kei	Jistered Agent
GUNZALEZ, JUNGE A					
2301 SOUTH OCEAN DR. #608 HOLLYWOOD FL 33019				Address (P.O. Box Number is Not Acceptable)	
TOL	11400D FL 33018		83		
			84 City		85 Zip Code
			84 City		FL 85 Zip Code
office or re	to the provisions of Sections 607.0502 agistered agent, or both in the State of milamiliar with, and accept the obligati	f Fiorida. Such change was a	uthorized by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered it the appointment as registered
SIGNATURE	Signature: Application prosted transport regions to see a section	and the description of the control o	Hegistered Agent signature regu	ired when reinstation)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
T TLF	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	GONZALEX, JORGE ALBERTO		12 NAME	SONZALEZ, JORG	GE A
STREET ADORESS	2301 SOUTH OCEAN DR., #608	}	1.3 STREET ADDRESS		- // .
CITY+S1+ZIP	HOLLYWOOD FL 33019		1.4 CITY - ST - ZIP		
TITLE		[] DELETE	2 1 TITLE		Change Meddition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
City - ST - ZiP		DELETE	2 4 CITY - ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY-ST-ZIP			3.4. CITY - \$1 - ZiP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME:			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
Crity-St-788		05, 125	4.4 CITY - ST - ZIP		
TITLE		L_J DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
SUREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		despit of the second	62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		P.
CITY - ST - ZIP			6 4 CITY - ST - ZIP		
14. Ldo heret	by certify that the information supplied	with this filing does not qualif	v for the exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the
l am an o' appears i	on indicated on this armust report or su ifficer or director of the corporation or it in Block 12 or Block 13 if changed, or c	ppromental annual report is to be receiver or trustee empow on an attachment with an add	er and accurate and the er at to execute this rep ress.	at my signature shall have the same lega ort as equired by Chapter 607, Florida S	talutes; and that my name

GONZALEZ 01-11-97