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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

EL GUA					3. Date Incorporated or Qualified 3	a. Date of Lasi Report
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	05/01/1996 Applied For
		26			65-0221544	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	}·•		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	29 29 Current Registered Agent	Count	ry	8. This corporation has liability for intan	gible tax under s. 199.032, s
PEL	AEZ, MIRTHA V.	or Current neglistered Agent	8	1 Name	10, Name and Address of New Registe	neu Agent
7121 NW 35 AVENUE			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
HIA	LEAH FL 33147					
			8:	3		
			8	4 City		FL 85 Zip Code
SIGNATURE 12. Title	Signature typed or printed name of re-	g stoted agent and title 1 approable (NO DERS AND DIRECTORS	211 : Registered A 13.		ired when reinstating) D. ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME	PELAEZ, MIRTHA V	L DECEME	1.2 NAMI			L. Change L. Addition
STREET ADDRESS	7121 NW 35 AVE		1	ET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CHY-ST-7IF			
TITLE NAME	1	DECETE	2.1 Title			Change Addition
STREET ADDRESS			2.2 NAM 2.3 STRE	FT ADORESS		
CITY-ST-ZIP				- S1 - ZIP		
TITLE		☐ DELETE	311011			☐ Change ☐ Addition
NAME STREET ADDRESS			3.2 NAM	E1 ADDRESS		
CITY-ST-ZIP			3.4 CITY	ì		
TITLE		☐ DELETE 4.1				Change Addition
NAME			4. 2 NAM	,		
STREET ADDRESS CITY-ST-ZIP			4.4 City	ET ADDRESS		
	1		4.4 UHY	-01.74		
TITLE		DELETE	5.1 THILE			Change Addition
TITLE NAME		DELFTE	5.1 TiTLE 5.2 NAMI	1		Change Addition
NAME STREET ADDRESS		☐ DETETIÉ	5.2 NAMI 5.3 STRE	ET ADORESS		Change Addition
NAME STREET ADDRESS CITY-S1-ZIP			5.2 NAMI 5.3 STRE 5.4 CITY	E ET ADORESS -ST-ZIP		
NAME STREET ADDRESS		DELETE	5.2 NAMI 5.3 STRE	ET ADDRESS -ST-ZIP		Change Addition Change Addition
NAME STREET ADDRESS CITY-S1-ZIP TITLE			5.2 NAMI 5.3 STRE 5.4 CHY 6.1 THUF 6.2 NAMI	ET ADDRESS -ST-ZIP		

inplied with this hing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the ort or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that for or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name address information indicated on this tam an officer or director of appears in Block 12 or Black

FILED

May 14 1997 8:00am

Secretary of State