FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATION

DOCUN 1. Corporation		(-)	THE THAT HORS		
Principal Place of Business 1961 SW 8TH STREET MIAMI F 33135 US		Maing Address 1961 SW 8TH STREET MIAMI F 33135 US		L 1001)D19 117 OCTAL BODIL BODIL BUSIS OCTA DIGIT ETBAL DIGIT DIGIT DIGIT DIGIT DIGIT DIGIT DIGIT.	
บจ		05		3. Date Incorporated or Qualified 10/15/1990	3a. Date of Last Report 04/20/1995
2. Principal Pla	ice of Business	2a. Mailing Address 26		4. FEI Number 65-0221734	Applied For Not Applicable
Suite, Apt. #	r, etc.	Suite Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	<u></u>	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Currer		Country	8. This corporation has liability for Florida Statutes Yes 10. Name and Address of New I	intangible tax under s 199 032, s KNo
MIAMI F 11. Pursuant to or registere familiar with		2 and 007.1508, Florida Statutes, du. Such change was authorized non 607.0505, Florida Statutes	83 84 City the above named coby the corporation's light corporation.	rporation submits this statement for the pubcard of directors. If hereby accept the app	FL 85 Zip Code Injudes of changing its registered office pointment as registered agent. I am
SIGNATURE 1		ara tire tappicali (NOTE) D DRECTORS	Rugsfired Agent signature (r.)		DATE HICERS AND DIRECTORS IN 12
TILLE	PD -	DELETE	1. 1 TITLE	President Martinez Exiller 435 S.W. 18 Pd Miami Frona	Change Addition
NAME	MARTINEZ, GUILLERMO		1.2 NAME	Marthart Exiller	ME
STREET ADDRESS	183 LAKEVIEW DR		1.3 STREET ADORESS	1135 5.W. 18 Rd	
CITY-ST-ZIP	FT-LAUDERDALE FL		1.4 CHTY - ST - ZHF	miami Frond	A 33/29
TITLE	VDT	☐ DELETE	2 1 111(£	V. D.t.	Change Addition
NAME	MARTINEZ, MARIO		2.2 NAME	MASTINIT	
STREET ADDRESS	183 LAKEVIEW DR		2.3 STREET ADDRESS	Ft LAYOUY WARE	Golfe
CITY - ST - ZIP	FT-LAUDERDALE FL		2.4 CHY - S1 - ZIF	Ft LAYOUYUAR	Florida 33326
TITLE	SD CACHADNA IANG	□ DELETE	■ 3 1 HH3 F	€~. D ·	PELGNANUS EL AGGIOUR E
NAME	Gacharna, Jaime 183 Lakeview Dr		3.2 NAME	Bacherna Jaime 1961 DIW & ot MIAMI Flyrida	
STREET ADDRESS	FT LAUDERDALE FL		3.3 STREET ADDRESS	1961 516 50	33135
CITY-ST-ZIP TITLE	TI DAUDENDALE TE	DELETE	3.4 C/TY - ST - Z/P 4. 1.1/1/LE	MIAMI PINYIAC	Change Addition
NAME			4.2 NAME		Ondaigs Notices
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		DELFTE	5 : THILE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEET ACCRESS		1
CITY ST-ZIP			5.4 CiTY - ST - ZIP		
TITLE		☐ DELETE	6 13Ht£		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

64 CITY-SI-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)[k], Florida Statutes, I further 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 this corporation or the receiver or hasted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 in chapted, or on an attachment with an address.

SIGNATURE: X

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayton Phone k

CR2E034 (12/95)