3.28.97 3709 C-FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED Mar 28 1997 8:00am Secretary of State

PROFIT

CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SUDS. I	MENT # \$1371; on Name INC. OF HIALEAH	5 (5)			
2900 WEST 2ND AVENUE HIALEAH FL 33012		2900 WEST 2ND AVENUE HIALEAH FL 33012-3404			
				11/16/1990	J. Date of Last Report 04/16/1996
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number 65-0227141	Applied For
Suite, Apt	#, elo	Suite, Apt. #, etc.	····	6. Certificate of Status Desired	Not Applicable \$8.75 Additional
<u>.</u> 2		27			Fee Required
City & Stal	tte	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Žip	Country	Zip	Country	8. This corporation has liability for intan-	gible tax under s. 199.032,
24∫	25 9. Name and Address of Curre	29 ent Registered Agent	30]	Florida Statutes Yes 10. Name and Address of New Register	red Arent
, ECI	HEVERRIA, RAUL	elit Veålsteren Marit	81 Name	(V. Name and Address of New Hogiste	IOU ASOIL
117	11791 SW 27 STREET		82 Street Ar	82 Street Address (P.O. Box Number is Not Acceptable)	
MIAMI, 33175			83		
			63		
			84 City	!	FL 85 Zip Code
SIGNATURE	Substitute April or project on the of registered a OFFICERS A	gent and tale if applicable (NOT ND DIRECTORS DELETE	E Registered Agent signature re 13. 1.1 TITLE	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS	
NAMI	ECHEVERRIA, RAUL	C) otter	1.2 NAME		ET grande ET Vocation
STREET ADDRESS			1.3 STREET ADDRESS		
00y-81-20°	MIAMI, FL 33175	DESCRE	1.4 CITY - ST - ZIP	·	Change Addition
TOUR NAME	VALLE, JOSE	DELETE	2.1 TITLE 2.2 NAME	A	• •
STREET ADORESS	75 VALENCIA AVENUE		2.3 STREET ADDRESS	3200 Ponce de Leon DOEAL GABLES, FL 33	o BLVA
OCY \$1 76	CORAL GABLES FL	1	2 4 CITY - ST-ZIP	DOEAL GABLES, FL 33	134
1005	TS ECHEVERRIA, MARGARITA	☐ DELETE	3.1 TITLE	,	☐ Change ☐ Addition
NAME STHEET ASIDRESS	44304 OW OF OTDEET		3.2 NAME 3.3 STREET ADDRESS		
One Start	MIAMI, FL 33175		3.4. CITY-ST-ZIP		
TRA	MIAMI, FL 33175	DELETE	4.1 TITLE		Change Addition
THE T NUME		☐ DELETE	4.1 TITLE 4.2 NAME		Change Addition
THEE MAME SCREET ADDRESS		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
THEE NAME STREET ADDRESS. CHY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME		Change Addition
CHY ST-ZIP THEE NEME STREET ADDRESS CHY ST-ZIP THEE NAME			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
TEST NAME STREET ADDRESS ONY SE ZIP THE NAME STREET ADDRESS			4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	,	
THREE NAME STREET ADDRESS. CHEST ZIP THREE			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
TERET ROSATE SCHRELL ADDRECT GITY ST ZIP THE NAM STREET ADDRESS CHY ST ZE		DELETE	4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Add-tion
THE		DELETE	4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Add·tion

is fairly does not quality for the exemption stated in Section 1.18.07(3)(i), Profice Statutes. Further certify that me einted in the emitted manual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that elever or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

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