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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$14035

**(7)** 

FILED Jun 13 1997 8:00am Secretary of State

| Principal Place of Business Mailing Address 13350 S.W. 46TH STREET MIAMI FL 33175 MIAMI FL 33175  |   |   |   |   |                             |   |
|---|---|---|---|---|-----------------------------|---|
|   |   |   |   | 3. Date Incorporated or Qualified 10/24/1990  | 3a. Date of Last 04/23/1996 |   |
| 2. Principal Place  | of Business   | 2a. Mailing Address   |   | 4. FEI Number   | <del></del> +               | Applied For                                       |
| Suite, Apt. #, et   | to  | Suite, Apt. #, etc.   |   | 65-0243772  |                             | Not Applicable                                    |
| 22  | ilo.  | 27 Suite, Apr. #, etc.  |   | <ol><li>Certificate of Status Desired</li></ol>   |                             | Additional<br>Required                            |
| City & State  |   | City & State  |   | 6. Election Campaign Financing  |                             | O May Be  |
| 23  |   | 28  |   | Trust Fund Contribution   |                             | d to Fees   |
| Zip   | Country   | Z(p   | Country   | 8. This corporation has liability for   |                             | s. 199.032,                                       |
| 24  | 25  | 29  | [30]  |   | Yes No                      |   |
|   | ). Name and Address of Curre<br>IEZ, MARIA E.   | ent Hegisterea Agent  | 81 Name   | 10. Name and Address of New Re  | gistered Agent              |   |
| 13350 8   | S.W. 46TH ST.<br>-L 33175   |   | 82 Street Ad<br>83<br>84 City   | ldress (P.O. Box Number is Not Acceptat   |                             | p Code  |
| office or regist  | terod again, or both in the Stat  | 502 and 607/1508, Florida Statut  | es, the above-hamed co  | orporation submits this statement for the p   | ourpose of changing         | i ils registered                                  |
| SIGNATURE   | agre, typed or punted name of registered a<br>OFFICERS AI   | Ment and little of applicable (NOT NO DIRECTORS                                       | E Registered Agent signature req  | orporation submits this statement for the pration's board of directors. I hereby accept<br>quited when reinstating)  ADDITIONS/CHANGES 10 OFFIC   | CERS AND DIRECTO            | DRS IN 12   |
| SIGNATURE  12. TITLE  NAME  STREET ADDRESS  13  | ayre, typed or printed name of registered a   | January<br>Jent and title if applicable (NOT  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS   | quired when reinstating)  | 4/1/97                      | DRS IN 12   |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  M  STREET ADDRESS  18  | OFFICERS AI<br>VC<br>IARTINEZ, JORGE L.<br>3350 S.W. 46TH ST.<br>IAMI FL<br>TSD<br>IARTINEZ, MARIA E.<br>3350 S.W. 46TH ST. | Ment and little of applicable (NOT NO DIRECTORS                                       | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS   | ADDITIONS/CHANGES TO OFFICE  O.D  IAR TIVE 2, HARIA E  32 50 560 44 ST  | Change                      | DRS IN 12   |
| SIGNATURE  12.  171LE  NAME  STREET ADDRESS  CITY-ST-ZIP  M  STREET ADDRESS  CITY-ST-ZIP  M  M  STREET ADDRESS  CITY-ST-ZIP  M  M  M  M  M  STREET ADDRESS  M  M  M  M  M  M  M  M  M  M  M  M  | OFFICERS AI<br>VC<br>IARTINEZ, JORGE L.<br>3350 S.W. 46TH ST.<br>IAMI FL<br>TSD<br>IARTINEZ, MARIA E.                       | Jent and title r applicable (NOT NO DIRECTORS DELETE                                  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP   | Quited when reinstating)  ADDITIONS/CHANGES TO OFFICE  OD  AAR TIVEZ, HARIA E 3350 SW 465T  MIAM), FL 33175   | Change                      | DRS IN 12  Addition                               |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | OFFICERS AI<br>VC<br>IARTINEZ, JORGE L.<br>3350 S.W. 46TH ST.<br>IAMI FL<br>TSD<br>IARTINEZ, MARIA E.<br>3350 S.W. 46TH ST. | JAMAN (NOT NOT DELETE   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE   | ADDITIONS/CHANGES TO OFFICE  D  AR TIVE 2, HARIA E  33 50 SW 46 ST  MIAMI, FL 33175  T.D.   | Change                      | DRS IN 12  Addition                               |
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4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 0/(3)(i). Florida Statules. I further certify that the information indicated on this 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 the composition or the deeper or trusted ampowered to execute this report as required by Chapter 607, Florida Statules, and that my name appears in Block 12 or Block 13 if granged, or of an attachoord with an address.

OLONIATURE.

6/2/

197 305/559-033