## 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

Principal Place of Business  Mailing Address  1717 N BAYSHORE DR MIAMI FL 33132  MAILING.  (7)  Mailing Address  1717 N BAYSHORE DR MIAMI FL 33132-1180					
7		***************************************		3. Date incorporated or Qualified	3a. Date of Last Report
Princesa P	Nace of Business	2a. Mailing Address		11/21/1990 4. FEI Number	01/30/1996 Applied For
, rnncya r	idua n Dasinass	26		65-0231498	Not Applied For
Suite. Apt.	#, etc	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	le	City & State		6. Election Campaign Financing	\$5.00 May Be
<u></u>		28		Trust Fund Contribution	Added to Fees
- <b>Z</b> ip ] ]	Country	Zip [29]	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032 ☐ Yes ☐ No
Ĺ	25  9. Name and Address of Curre		30	10. Name and Address of New Re	
	FEY, PIERRE		81 Name		
	7 N BAYSHORE DR		82 Street Add	dress (P.O. Box Number is Not Acceptat	ble)
MIA	MI FL 33132		83		
					[
			84 City		FL 85 Zip Code
nursuant office or r			is authorized by the cornors	ation's board of directors. I hereby accer	of the appointment as registere
	registered agent, or both, in the State an familiar with, and accept the oblig Signats is spector period rancoting used a		as authorized by the corpora Florida Statutes. IOTE Registered Agent signature requ	rporation submits this statement for the pation's board of directors. I hereby acception when renstating	pt the appointment as registere
IGNATURE 2.	Stgration, typed or perted name of registered at OFFICERS AN	ent and title this probble (*) ND DIRECTORS	NOTE: Registered Agent signature requ		DATE CERS AND DIRECTORS IN 12
IGNATURE 2. ILE	Signario, loped or period name of log second of OFFICERS AN	profandite Emporcable (*	NOTE: Registered Agent signature requirements	jured when re-instating)	DATE
GNATURE  2. LH ME	Stgration, typed or perted name of registered at OFFICERS AN	ent and title this probble (*) ND DIRECTORS	AOTE Registered Agent signature required.  13. 1.1 TITLE 1.2 NAME	jured when re-instating)	DATE CERS AND DIRECTORS IN 12
GNATURE  LH ME EFEL ADDRESS	Signation to position per location of log stread of OFFICERS AN PST HEAFEY, PIERRE	ent and title this probble (*) ND DIRECTORS	NOTE: Registered Agent signature requirements	jured when re-instating)	DATE CERS AND DIRECTORS IN 12
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SIGNATURE:

**FILED** 

Jan 28 1997 8:00am

Secretary of State

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