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

PROFIT CORPORATION



FILED Aug 11 1997 8:00am

1	ANNUAL REPORT Secretary of State 1997 AMENDED DIVISION OF CORPORA				ONS	Secretary of State
1. Corporatio	MENT # 514 25 PER CORPORATION	50				
ARM	PER CORPORATION				3. Date Incorporated or Qualified 3a. Date of Last Report 11/19/90 4. FEI Number Applied For Not Applied For	
Principal Plac	e of Business	Mailing Address				
7835 N	N.W. 15th St.	7835 N.W.	15th	s	t.	0
Miami, FL 33186 Miami, FL 33				6		3 Date Incorporated or Qualified 39 Date of Last Report
	lace of Business	2a. Mailing Address				
Suite, Apt.	# oto	Suite, Apt #, etc.				
22 Suite, Apr.	#, etc.	27 Suite, Apr. #, etc.				
City & Stat	e	City & State				
23 Zip	Country	28	Co	untry		
24	25	29	30	or no y		· — · — ·
	9. Name and Address of Curre	ent Registered Agent		Ţ.,		
				81	Name	e
Marcelo E. Zanardi				82 Street Address (P.O. Box Number is Not Acceptable)		
	502 S.W. 134th P ami, FL 33186	tace		63		
MITC	IIII 22100				-	
				84	City	FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.05	02 and 607.1508, Florida Statue of Florida, Such change was	itos, the a	bove d by	e-named	d corporation submits this statement for the purpose of changing its registered propration's board of directors. I hereby accept the appointment as registered
agent. I a	im familiar with, and accept the obti	gations of Section 607.0505, F	lorida Sta	lutes	3.	,
SIGNATURE	Signature typed or printed name of registered a	gent and the if applicable (NC	1f Registere	d Age	n! signature	pre required when reinstating) DA1f.
12.	OFFICERS A	VD DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Secretary	₩ DELETE	1.1 1			1
NAME	Secretary Maria del Carme	en Coca		AME		Marcelo E. Zanardi 10502 S.W. 134th PL
STREET ADDRESS						
CITY-ST-ZIP		DELETE	211		1 - 2012	
NAME		_	2 2 N	IAME		
STREET ADDRESS			235	TREET	ADDRESS	
CITY-ST-ZIP					ST-ZIP	
TITLE		☐ DELETE	311			☐ Change ☐ Addition
STREET ADDRESS			3.2 N		AUUDEGG	
CITY-ST-ZIP						·
TITLE		DELETE	4.1 T		71211	☐ Change ☐ Addition
NAME			4 2 1	MAME		
STREET ADDRESS			4 3 S	18661	ADDRESS	
CITY-ST-ZIP		T hours		ITY - S	1-7IP	
TITLE		DELETE	5.1 T		ļ	Change Addition
NAME CTOCET ADDOCCC			5.2 N		ADDRESS :	PE 811
STREET ADDRESS CITY-ST-ZIP				ITY-S		`\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TITLE		DELETE	6.1 T			Change Addition
NAME			62 N	IAME		70000226537 Addition -08/13/9701020001
STREET ADDRESS			635	TREET	ADDRESS	****61.25
CITY CT. 7ID			840	TV.C	1. 7ID	###U1.63

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; that I am an officer or director of the composition or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 true hanged, or on an attachment with an address.

Davime Phone #