## 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

## **FILED** Feb 11 1997 8:00am Secretary of State

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DOCUMENT # S15477

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Principal Place 700 BILTMORE SUITE 1112 CORAL GABLE	WAY	Mailing Address 700 BILTMORE WAY SUITE 1112 CORAL GABLES FL 33134-7	500		
COUNT ONDER	V 12 00/01				3a. Date of Last Report
- D: 10		2a. Mailing Address C/O	Marrone Porro	11/30/1990 4. FEI Number	07/16/1996
	ace of Business	26 9555 N. Kend		65-0244446	Applied For Not Applicable
Suite, Apt.	# etc		ATT DITVE		CQ 75 Additional
P.O.	Box 2399	Suite Apt. #, etc. Suite 206		5. Certificate of Status Desired	Fee Required
City & State		City & State Miami, Flori	da.	6. Election Campaign Financing	<b>\$5.00</b> May Be
	Domingo	1501		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Added to Fees
Ζιρ	Country 2 <b>Dominican Re</b> p	331.76	Country U.S.A.	8. This corporation has liability for inte	
24	g. Name and Address of Current	[29]	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	10. Name and Address of New Regis	
AJAC	ICOS A. REGO	riogiotoro Agom	81 Name		
	5 N. KENDALL DRIVE			· · · · · · · · · · · · · · · · · · ·	
	E 206		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	'
	MI FL 33176		83		
			84 City		85 Zip Code
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purtion's board of directors. I hereby accept t	pose of changing its registered
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligat	t Florida. Such change was au ons of, Section 607.0505, Flori	thorized by the corporational statutes.	tion's board of directors. I hereby accept t	the appointment as registered
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signature requi	red when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12
TITLE	D				
"""	_	☐ DELETE	1.1 TITLE		Change Addition
NAME	HOUELLEMONT, ARMANDO	☐ DELETE	1.2 NAME	g1 #0	<b>⅓</b> Change
	HOUELLEMONT, ARMANDO 700 BILTMORE WAY #1112	☐ DELETE	1.2 NAME	Ave. Caonabo #9	<b>⅓</b> Change
NAME STREET ADDRESS CITY-ST-ZIP	HOUELLEMONT, ARMANDO		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Ave. Caonabo #9 Santo Do lingo, Dominica	Marchange □ Addition
NAME STREET ADDRESS	HOUELLEMONT, ARMANDO 700 BILTMORE WAY #1112	☐ DELETE	1.2 NAME 1.3 STREEF ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	Ave. Caonabo #9 Santo Do lingo, Dominica	<b>⅓</b> Change
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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 oath; that I am an officer or precion of the couporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or organ attachment with an address.