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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1997	16 A. C.	DIVISION OF CORPORATIONS			Secretary of State			
DOCUN 1. Corporation CIC GRO	TName	S20070	(6)						
Principal Place of Business 888 BRICKELL AVE. 8TH FLOOR MAM FL 33131			Mailing Address 888 BRICKELL AVE. 6TH FLOOR MIAMI FL 33131-2913						
US			US			3. Date Incorporated or Qu 12/19/1990	ualified 3	a. Date of Last Report 05/01/1996	
2. Principal Pl	ace of Business	20	ta, Mailing Address	·		4. FEI Number 65-0236357		Applied For Not Applicable	
Suite, Apt	#, etc		Suite, Apl. #, etc.			5. Certificate of Status Des	ired [CO 75 (11/2)	
City & State)	2	City & State			6. Election Campaign Fina		\$5.00 May Be	
23 Zip	ļ ₁	unitry 2	Zip	Countr	ry	Trust Fund Contribution 8. This corporation has liab		igible tax under s. 199.032,	
24		2 Idress of Current Re		30	41 11	Florida Statutes 10. Name and Address of		s No ered Agent	
	ADMINISTRATIVE BRICKELL AVE.	SERVICES, INC.		8:		dress (P.O. Box Number is Not A	ccentable)		
5TH	FLOOR Al FL 33131			8:		Gross (1 Box Hamilton to Hotel			
mw w	MI 1 C 00 10 1			8-	4 City			FL 85 Zip Code	
11. Pursuant t	to the provisions of	Sections 607.0502 and	l 607 1508, Florida Statu orida, Such change was	ites, the abor	ve-named co	orporation submits this statement ration's board of directors. I herel	for the purpo		
OLONIATION				lorida Statute	es.		,		
12.	Signature type for prodeci	OFFICERS AND DIE		TE Registered A	goot signature rec	jured when roinstating) ADDITIONS/CHANGES T		ATE S AND DIRECTORS IN 12	
TITLE	DOP Ortega, Luis	ALBERTO T.	DELETE	1.1 TITLE	- 1			Change Addition	
STREET ADDRESS		AVE., 6TH FLOOR		1.3 STREE	E1 ADORESS				
C:TY - ST - ZIP TITLE	D		DELETE	1.4 CITY- 2.1 TITLE				Change Addition	
name Street address	HERRERA, WILL 888 BRICKELL	JAM AVE., 6TH FLOOR		2 2 NAME 2 3 STRE	E Et adoress				
CITY-ST-ZIP TITLE	MIAMI FL 3313		☐ DELETE	2 4 City 3 1 Trile				Change Addition	
NAME				3.2 NAME	£			_ , _	
STREET ADDRESS CITY+ST-ZIP				3.3 STRE 3.4. City	ET ADDRESS - ST - ZIP				
TITLE NAME			☐ DELETE	4 1 TITLE 4 2 NAM				Change Addition	
STREET ADDRESS					ET ADDRESS				
CITY+ST+ZIP TITLE			DELETE	51 TITLE		·····	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME STREET ADDRESS				5.2 NAM 5.3 STRE	E E1 ADDRESS				
C(TY-ST-Zar Tiffle			DELTAL	7 5.4 CITY 6.1 TITLE				Change Add-tion	
NAME				6.2 MATM	Ē				
STREET ADDRESS CITY-ST ZP	 			6 4 CITY					
informatio	n indicated on this:	formation supplied wit annual report or suppl the corporation or the	ediental Admid Model	take and ac-	curate and th	ted in Section 119.07(3)(i), Florida nat my signature shall have the si port as required by Chapter 607,	ame legat eft	ect as if made under oath: tha	
appears i	n Block 12 or Block	. 13 if changed, or on a		dress.					
SIGNAT	URE:	ATURE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICE	R OR DIRECTO	R	January 8/9	4 (305) 3 13 0 5 90 Daytime Phone 4	