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

DOCUMENT # \$20475

-NALPH E- FERNANDEZ, T-A-

FERNANDEZ & DIAZ, P.A.

Principal Place of Business

2. Principal Place of Business

Mailing Address

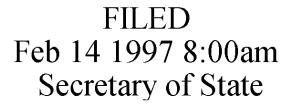
109 S. MOODY AVENUE **TAMPA FL 33609**

SIGNATURE:

109 S. MOODY AVENUE TAMPA FL 33609-3333

2a. Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC



3a. Date of Last Report

Applied For

04/16/1996



3. Date Incorporated or Qualified

12/20/1990

4. FEI Number

21	26				59-3045192	Not A	Not Applicable	
Suite, Apt	#, etc Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Sta	le	City & State			& Cleation Compaign Financiae			
23		28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Ms Added to F		
Zip	Country	Zip	Coun	lry	8. This corporation has liability for intangible			
24	25	29	30		Florida Statutes			
	9. Name and Address of	Current Registered Agent	`		10. Name and Address of New Registered	Agent		
FERNANDEZ, RALPH E				11 Name	,			
	S MOODY AVE			2 Street	Address (P.O. Box Number is Not Acceptable). was	eritaria de la composición		
TAMPA PL 33609							관계 및 기	
		and the state of t		3			() () () () ()	
			. 6	4 City		85 Zip Cod	de	
44 D. WOLLONS	to the provinces of Centines C	07.05.00 and 007.45.00 Florida Otto			<u>Fi</u>	-		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE								
12.		PS AND DIRECTORS	13.	gert signature	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS I	N 12	
TOLE	PVST	DELETE	11 7076		ADDITIONS/OFFIANGES TO OFFICERS AN		Addition	
NAME	FERNANDEZ, R.E.			F				
STREET ADDRESS				ET ADDRESS			[8	
CITY-ST-ZIP	TAMPA FL			-ST-ZIP			ξ	
TITLE		DELETE	21 TITL		VST	Change I	X Addition	
NAME			2.2 NAM	E	DIAZ, DARIO D.			
STREET ADDRESS			2.3 STRE	et address	109 South Moody Avenue			
CITY - ST - ZIP			2.4 C/TY	-ST-ZIP	Tampa, FL 33609			
TITLE	☐ DELETE		31 TITU			Change	Addition	
NAME			3.2 NAM	٤				
STREET ADDRESS			3.3 STRE	ET ADDRESS			i	
CITY-St-ZiP			3.4. CITY	- ST- ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAN	l£				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change [Addition	
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 STRE	ET ADDRESS	•			
CITY-ST-ZIP			5.4 CITY			:		
TITLE			6.1 TITUE		•	Change [Addition	
NAME			6.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	by cartify that the information of	unnfied with this files does not and	6.4 CITY	annation o	voted in Section 110 07/000 Finding Contract of the			
1d. 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 the end 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 corporation 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 on an attachment with an accuracy.								