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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997			Secretary of State DIVISION OF CORPORATIONS			Secretary of State				
	IMENT # SO ON NAME OVERSEAS SERV									
Principal Place of Business 585 W 15 ST. HALEAH FL 33010		585	Mailing Address 585 W 15 ST. HALEAH FL 33010-2865			T TOURISETS THE MEASURE LIKEL BUILDE TRIEF SAIN BURNT BANK ALDEL BYEN BURNT STARK ALDER				
						3. Date Incorporated or Qualified 01/07/1991	3a. Date of L 04/23/19		eport ,	
2. Principal	Pface of Business	2a. 26	Mailing Address			4. FEI Number 65-0235505		Ap	pplied For of Applicable	
Suite, Apt	t #, etc	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1		Additional equired	
City & Sta	He	28	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zipi 24]	Cour 25	ntry 29	Zip	30 Cou	intry	8. This corporation has liability for Florida Statutes	intangible tax un Yes			
60	9. Name and Add NZALEZ, VICTOR	ress of Current Regist	ered Agent		81 Name	10. Name and Address of New Ro	egistered Agent			
	W 15 ST.					dress (P.O. Box Number is Not Accepta	blo)		wir-11111	-
	LEAH FL 33010					JIBSS (F.O. BOX MUITIDEI IS MOI ACCEPTA				
					83					
					84 City		FL 85	Zip C	Code	1
		ections 607 0502 and 60 oth, in the State of Florid accept the obligations of	17.1508, Florida Statu a Such change was Section 607.0505, F	ites, the a authorize lorida Sta	bove-named cord by the corpora tutes.	poration submits this statement for the atlon's board of directors. I hereby acce	purpose of chang pt the appointme	jing its int as i	s registered registered	
SIGNATURE		rne of regestered agent must lite.	rappanable (NO	11E: Rogistare	d Agent signature requ		DATE			
12.	DPT	OFFICERS AND DIREC	TORS DELETE	13.		ADDITIONS/CHANGES TO OFFI			S IN 12	900
NAME	GONZALEZ, VICTO	OR	L DECEIE	1.1 T 1.2 N				ange	L Addition	1
STREET ADDRESS	CAP WI 4E OT				TREET ADDRESS					8
CITY-ST 2IF	HIALEAH FL				ITY-ST-ZIP					R2F034
TITLE	SV		DELETE	211			☐ Cr	ange	Addition	Ö
NAME	GONZALEZ, VICTO	OR M.		2.2 N	AME					
STREET ADDRESS				2.3 \$	TREET ADDRESS					
CHY-S" ZIP	HIALEAH FL S		PELETE		HTY-ST-ZIP				Addition	4
TITLE	GONZALES, LUIS	F	☐ DELETE	3.1 T 3.2 N	ì		LL Cr	ariye	Mannan	l
NAME STREET ADDRESS	FOR MI IE OT	•			TREET ADDRESS					
C(TY - ST - ZIP	HIALEAH FL				CITY-ST-ZIP					
1016			DELETE	417			☐ Cr	ange	Addition	1
NAME				4 21	IAME					
STREET ADDRESS	5			43 S	TREET ADDRESS					
CITY-ST-ZIP			DELETE		ITY-ST-ZIP		[] ()		Addition	┨
TITLE			☐ Dett le	51T			∐ Ci	ia i ye	Addition Addition	
NAME CERECT ANNAESS				52 N	ame Treet address					
STREET ADDRESS CITY: S1: ZiP	,			4	ITY-ST-ZIP					-
THILE			DELETE	6.1 7			CI	nange	Addition	1
NAME				6.2 N	AME					
STREET ADDRESS	S			6.3 \$	TREET ADDRESS					
				II						į

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armual 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 director of the comporation 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 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED

Jan 24 1997 8:00am