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

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

## May 28 1997 8:00am

|   | inual report 1997  |   | Sandra B. Mortham Secretary of State DIVISION OF CORPOBATIONS |   | Secretary of State  |   |
|---|--|---|---|---|---|---|
| 1. Corporation FERN                                       | on Mario   | NICAL SALVA                                     |   |   |   |   |
| Principal Plac  | ce of Business   | Mailton   | Address   |   |   |   |
| 12760 CAIRO LANE 4983 EAST 8th COURT                      |  |   |   |   |   |   |
|   |  |   |   |   |   |   |
| OPALOCI   | KA, FL. 330  | 54 HIA  | LEAH, FI  | LORIDA 33013  | 3. Date Incorporated or Qualified MARL 1994   | 3a. Date of Last Report<br>1996                                 |
|   | Place of Business •  | <del> </del>                                    | iling Address   |   | 4. FET Number   | Applied For   |
| 21<br>Suite, Apt.   | # elc  | 26 Sui  | le, Apt #, etc.   | ·   | 65 045 5970   | Not Applicable  \$8.75 Additional                               |
| 65  | ,  | 27  |   |   | 5. Certificate of Status Desired  | Fee Required  |
| City & Stat   |  | 28  | / & State   |   | Election Campaign Financing     Trust Fund Contribution   | \$5.00 May Be Added to Fees                                     |
| Zip   | Countr   | <u></u>   |   | Country 30 DADE   | 8. This corporation has liability for i   | ntangible tax under s. 199,032,<br>Yes 👿 No                     |
| 24  |  | DE  29 <br>ess of Current Registere             | d Agent   | 30 DADE   | Florida Statutes L  10. Name and Address of New Reg   |   |
|   |  |   |   | 81 Name   |   |   |
| FERNANDO A. HERNANDEZ 4983 EAST 8th COURT 82 Street Addre |  |   |   |   | ress (P.O. Box Number is Not Acceptab   | le)   |
| WEATHAN TO THE COURT                                      |  |   |   |   |   | ,   |
| UINTEL  | KH P FHORIDA   | . 33013   |   | 83  |   |   |
|   |  |   |   | 84 City   |   | 85 Zip Code   |
|   |  |   |   | tes, the above-named cor<br>authorized by the corpora<br>orida Statutes | poration submits this statement for the patient board of directors. I hereby accept   | urpose of changing its registered the appointment as registered |
| SIGNATURE   | FERNANDO A   | HERNANDEZ  of registered agent and title if app | X HUM   | TE: Registered Agent signiture roqu                                     | ernone pre  | € 4/16/97   |
| 12.   |  | FFICERS AND DIRECTOR                            |   | 13.   |   |   |
| TITLE   | PRESIDENT  | י   | ☐ DELE1E  | 1 1 TITLE   |   | ERS AND DIRECTORS IN 12 Change Addition                         |
| NAME  |  | A. HERNANDEZ                                    | 3   | 1.2 NAME  |   | 2   |
| STREET ADDRESS  | , • -  | 8th COURT                                       |   | 1.3 STREET ADDRESS  |   | i i   |
| CITY-ST-ZIP   |  | FLORIDA 330                                     | )13/<br>DELETE  | 14 CHY-ST-ZIP   |   | Change Addition   |
| NAME  | Vice Presi<br>  NERY HERNA                                 |   |   | 2.2 NAME  |   |   |
| STREET ADDRESS  | 4983 EAST  |   |   | 2.3 STREET ADDRESS  |   |   |
| CITY-ST-7IP   | HIALEAH I  | LORIDA 330                                      | 13  | 2.4 GiTY-ST; ZIP  |   |   |
| TITLE   |  |   | DELETE  | 3 1 1111.6  |   | Change Addition   |
| NAME<br>STREET ADDRESS                                    |  |   |   | 3.2 NAME<br>3.3 STREET ADDRESS  |   |   |
| CITY - ST-ZIP   |  |   |   | 3.3 STREET ADDRESS  |   |   |
| TITLE   | 7  |   | DELETE  | 41 TITLE  |   | ☐ Change ☐ Addition   |
| NAME  |  |   |   | 4 2 NAME  |   |   |
| STREET ADORESS  | ;  |   |   | 43 STREET ADDRESS   |   | Í   |
| CITY-ST-ZIP   |  |   | 1 25.44   | 4.4 CITY-ST-ZIP   |   | A   |
| TIFLE   |  |   | LJ DELETE   | 5.1 TITLE<br>5.2 NAME   | 4)1/  | Change L. Addition  |
| NAME<br>STREET ADORESS                                    |  |   |   | 5.3 STREET ADDRESS  | <b>*</b> ()   | <i>    </i>   |
| CITY-ST-ZiP   |  |   |   | 54 CITY-ST - ZIP  | Ϋ́  |   |
| TITLE   |  |   | DELETE  | 6.1 TITLE   | 10000220  | Change Addition   |
| NAME  |  |   |   | 6.2 NAME  | 10000220<br>-06/10/970100   | 2016  |
| STREET ADDRESS  |  |   |   | 63 STREET ADDRESS   | ***165.00   |   |
| CITY-S1-2IP   | by certify that the information                            | ation supplied with this file                   | ng does not quali   | 64 CITY-ST-7IP  | d in Section 119.07(3)(i), Florida Statutes   | Lighter cortify that the  |
| informatio<br>I am an ol                                  | on indicated on this annu-<br>officer or director of the c | ial report or supplemental                      | annual report is to<br>or trustee empoy                       | rue and accurate and that<br>vered to execute this repo                 | t in section 19.07(5)(f), Fibrida Statistics<br>t my signature shall have the same legal<br>rt as required by Chapter 607. Florida St | effect as if made under eath; that                              |