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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE: X

DOCUMENT # S61869

(1)

11750 SW 18TH	usiness \$1.	Mailing Address 11750 SW 18TH ST.							
SUITE 520 MIAMI FL 33175-1634		SUITE 520 MIAMI FL 33175-1694			3. Date Incorporated or Qualified 3a. Date of Last Ri 06/24/1991 05/23/19		05/23/199		
Principal Place o	of Business	2a. Mailing Address			4. FEI Number 65-0261453		A	opplied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	K)	\$8.75 Additional Fee Required		
City & State	<u></u>	City & State	City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zin.	Country	28	Cou	ntry	8. This corporation has liability for it	intangible ta			
Zip 	25	29	30		Florida Statutes X Yes	□ No			
9.	Name and Address of Current				10. Name and Address of New R	legistered	Agent		
		. 	Ī	81 Name		_			
CORREDOF	R, CRISTOBAL P		ĺ	82 Street Addr	ess (P.O. Box Number is Not Acceptab	ale)			
4565 SW 1	32 COURT		83						
MIAMI FL 33175								Cont	
				84 City		FL	85 Zip	Code	
IGNATURE Signa	ature, typed or printed name of registered agent a OFFICERS AND	DIRECTORS	13.	i Agent signature require	d when reinstating: ADDITIONS/CHANGES TO OFF				
TLE	DPS	☐ DELETE	1. 1 T	HLE	:		☐ Change	Addition Addition	
AME	CORREDOR, CRISTOBAL P.		1.2 N						
TREET ADDRESS	8500 NW 8TH ST. APT #210)	1	TREET ADDRESS					
	MIAMI FL	F 85.55	1.4 C	ITY-ST-ZIP					
	102111	LINCLETE	0.41	TO B. L.			Change	☐ Addition	
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ME REET ADDRESS [Y-ST-ZIP] LE MME REET ADDRESS TY-ST-ZIP LE AME	corrector, ERNESTO 6301 SW 156 COURT MIAMI FL sertify that the information supplied information indicated on this annual effect of the correct of the corre	DELETE DELETE DELETE DELETE DELETE	22 N 23 S 24 C 3.1" 32 N 33.5 34 C 4.1 4.2 N 4.3 S 4.4 C 5.1 5.2 S 5.4 C 6.1 6.2 I 6.3 I 6.4 I 6.3 I 6.4 I 6	TREET ADDRESS SITY-ST-ZIP TITLE LIAME STREET ADDRESS SITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DI depose not qualify	for the exemption stated in Section 119 rate and that my signature shall have the his report as required by Chapter 607, F	9.07(3)(√), F	Change Change Change Change	Addition Addition Addition Addition Addition Ites. I further if made under nat my name	
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