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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUM 1. Corporation P FIRST H		3 (7)		4 (1864) 111 (1864) 10646 6 1321 11111	8 (111) (118) (1 8) (18) (18) (18)	H
Principal Place of 11468 SW 86T MIAMI FL 3317	H LN	Maling Address 11468 SW 86TH LN MIAMI FL 33173				
				3. Date Incorporated or Qualified 09/04/1991	3a. Date of Las 01/30/	
2. Principal Plac	ce of Business	2a. Mailing Address		4. FET Number 65-0281487		Applied For Not Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.			\$8.	75 Additional
22	, 010.	27		5. Certificate of Status Desired	F	ee Required
City & State		City & State		6. Election Campaign Financing		5.00 May Be
7	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has lability for		dded to Fees er s. 199.032.
Zip 24	25	29	30		. ∏No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New P	Registered Agent	
			81 Name			
	IRT, MARIA A.		82 Street Addr	ress (P.O. Box Number is Not Acceptat	ale)	
11468 SV MIAMI FL	N 86TH LANE		83			
MIMMI FL	. 331/3					Zip Code
			84 City		FL 85	
11. Pursuant to	the provisions of Sections 607,050	2 and 607,1508, Florida Statute	s, the above named corpor	ration submits this statement for the pu	rpose of changing	its registered office
familiar with	the provisions of Sections 607.050 diagent, or both, in the State of Florin, and accept the obligations of, Sections began to the section of	ction 607.0505, Fiorida Statutes.			rpose of changing jointment as registe part	its registered office ered agent. I am
familiar with	n, and accept the obligations of, Sec agrature, typed or printed name of registered agen	ction 607.0505, Fiorida Statutes.	s, the above named corporation's bear by the corporation's bear to the corporation's bear to the property of the corporation of		DATE FICERS AND DIRE	CTORS IN 12
familiar with	o, and accept the obligations of, Sec signature, typed or primar rank of registered age OFFICERS At	ot and tille it applicable (NO)	Er Registered Agent's gnature or pare	ed white recentable of	ban	CTORS IN 12
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oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Problem Stations, and that my state appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANNIE MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR