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

FILED Apr 28 1997 8:00am Secretary of State

DOCUN 1. Corporation R.E. 200		(5)		:			
4095 LUDLAM I MIAMI FL 3315: US	RD.	4095 LUDLAM RD. MIAMI FL 33155-4757 US					
					3. Date Incorporated or Qualified 11/01/1991	3a. Date of Last Repo 05/03/1996	irt
,	ace of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applie	d For
21		26			65-0306571		pplicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Add	
City & State City & State			···		6. Election Campaign Financing	\$5.00 Ma	
23		28	,		Trust Fund Contribution	☐ Added to F	
] Ζφ	Country Zip 30		Country	. This corporation has recently for interligible tax areas of			9.032.
24	9. Name and Address of Curren	29 It Registered Agent	30		Florida Statutes 10. Name and Address of New Reg		
SUA	REZ, JESUS V		81	Name	10,		
4095 LUDLAM RD.			82	Street Addre	Address /P.O. Box Number is Not Acceptable)		
MIAMI FL 33155							
			83				
			84	City		FL 85 Zip Coo	ie
11. Pursuant I	o the provisions of Sections 607.050	2 and 607 1508. Florida Statu	tes, the above-	named corpo	ration submits this statement for the p		gistered
office or re agent. Lar	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Such change was ations of, Section 607,0505, Fl	authorized by orida Statutes.	the corporation	ration submits this statement for the pon's board of directors. I hereby accep	t the appointment as reg	stered
SIGNATURE							}
	Signature, typed or punted harve of registered age		TE: Registered Agen	t signature require		DATE	
12.			13.	<u> </u>	ADDITIONS/CHANGES TO OFFIC		Addition 6
NAME	SUAREZ, JESUS		1.2 NAME				3
STREET ADDRESS	19800 SW 83RD AVE		1.3 STREET ADDRESS				18
CITY-ST-ZIP	MIAMI FL 33189		1.4 CITY - ST - ZIP				[ह
TITLE		DELETE	2.1 Titl€	ļ	•	Change [Addition C
NAME			2.2 NAME	ŀ			1
STREET ADDRESS			2.3 STAEET A				- 1
TITLE			2. 4 CITY-ST 3.1 TITLE	I - ZIP		Change	Addition
NAME :		D breed	3.2 NAME			L., Origingo L.	_ roundin
STREET ADDRESS			3.3 STREET ADDRESS				.
City-St-ZiP			3.4. City-S1				. }
TITLE		☐ DELETE	4.1 TITLE			Change	Addition .
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET A	uddress			
CITY-ST-ZIP		Florier	4,4 CITY-ST-ZIP			J 05	144000
THILE		☐ DELETE	5.1 TITLE			Change [_] Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET A	Inneres			1
CHTY-ST-ZIP	!		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				
1/11		DELETE	61 TITLE	- 617		☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	ADDRESS			
CITY - ST - ZIP			6.4 CITY-ST				
14. I do heret	by certify that the information supplier	d with this filing does not qual	ify for the exen	notion stated	in Section 119.07(3)(i), Florida Statutes	s. I further certify that the	onth that

14. 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 suppliemental 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 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 13 if changed, or an attachment with an address.

SIGNATURE

SOTATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0209235