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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S96616

(5)

FILED Apr 28 1997 8:00am Secretary of State

Principal Place 418-420 VALEN CORAL GABLE	CIA	Mailing Address 1627 BRICKEUL AVE APT 1101 MIAMI FL 33129-1249							
		US				3. Date Incorporated or Qualific	1	ate of Last R	eport
2. Principal P	hace of Business	2a. Mailing Address	112-12-		, ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11/26/1991 4. FEI Number	<u> U4/</u>	16/1996	plied For
21		26				65-0300998		}	t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	I
City & Stat		City & State						Fee Re	
23	e -	28				6. Election Campaign Financing Trust Fund Contribution) []	\$5.00 Added 1	
Zip	Country	Zip	Cour	ntry		8. This corporation has liability	for invangible	tax under s.	
24	25	29	30			Florida Statutes	Yes		
	9. Name and Address of Currer	it Registered Agent		81	Name .	10. Name and Address of New	Registered	Agent	
	ITEZ, VILMA		L		Nama	IA BENITEZ			
	7 BRICKELL AVE 1101			82	Street Addre	ss (P.O. Box Number is Not Accep	otable)		
1	MI FL 33129		Ī	83	SUAD	CORAL WAY, 5	TH F	LOOR	
			}	64	City.	WERE WAY, 5		85 Zip (Code
					MIAT	nı	<u>FL</u>	_ 1762	u = 0
11. Parsuant office or i	to the provisions of Sections 607.050 registered agont, or both, in the State im familiar with and accept the oblig	iof Florida, Such change was	ites, the an	oove-r d by t	named corpo he corporatio	oration submits this statement for tr on's board of directors. I hereby ac	ne purpose o scept the app	or changing it pointment as	s registered registered
	im landiar with, and accept the oblig What Delutes—		Iorida Stati	utes.	JNEVIT		2/4	1/97	
SIGNATURE	Sugariac lyped or proved here of register days	nt and life if applicable (NC)TE Registered	Ageni	signature require	d when reinstating)	DATE	·	
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
104.0	D DENUTE AND	☐ DELETE	1.1 717		r.	CESH DENT		Change	Addition
NAME STREET ADORESS	BENITEZ, VILMA 1627 BRICKELL AVE, APT 110	•	1.2 NA		DORESS				
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1		DELETE	1.4 CIT 2 1 TIT	TY-ST- TLE	ZIP			3€ ☐ Change	☐ Addition
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NAME STREET ADORESS		☐ DELETE	2 1 TJT 2 2 NA	TLE AME	ZIP DDRESS				
STEEL ADOBESS CITY-ST-ZII		_	2 1 TIT 22 NA 23 STI 2 4 CI	TLE Ame Freet ac ITY-ST-	DDRESS			Change	Addition
SPECEL ADOBESS GITY ST-ZU TOLE		☐ DELETE	2 1 TIT 2 2 NA 2 3 STI 2 4 CI 3.1 TIT	TLE AME FREET AL ITY-ST- TLE	DDRESS				
STEGET APPIRESS CITY-ST-ZH TITLE NAME		_	2 1 TIT 2 2 NA 2 3 STI 2 4 CI 3.1 TIT 3.2 NA	TLE AME FREET AS ITY-ST- TLE AME	DDRESS - ZIP			Change	Addition
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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 informatice indicated on this annual 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 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 or Block 13 if changed, or on an attachment with an address. VILLIA BONITEZ

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ACIDRESS