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



Sandra B. Mortham

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PROFIT CORPORATION ANNUAL REPORT 1997		Sandra B Secreta	RTMENT OF STATE I. Mortham ry of State CORPORATIONS	Apr 16 1997 8:00ar Secretary of State	
DOCUN Corporation ZUNIGA	MENT # S98164 CORPORATION	(4)		. 1881/18/8 - 1881 / 18/8 / 18/8 / 18/8 / 18/8 / 18/8 / 18/8 / 18/8 / 18/8 / 18/8 / 18/8 / 18/8 / 18/8 / 18/8 /	
Principal Place 425 NW 12TH / SUITE H MIAMI FL 33126	N/E	Mailing Address 425 NW 12TH AVE SUITE H MIAMI FL 33128-1074			
* **				 Date Incorporated or Qualified 12/05/1991 	3a. Date of Last Report 04/06/1996
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 65-0298481	Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicab
22 City & State		City & State			Fee Hequired
23		28	,	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, ☐ Yes ☐ No
	9. Name and Address of Curren		81 Name	10. Name and Address of New R	tegistered Agent
11. Pursuant to	the provisions of Sections 607.0502 gistered agent, or both, in the State familiar with, and accept the obliga	and 607.1508, Florida Statute of Florida Such change was a	es, the above-named co	rporation submits this statement for the ation's board of directors. I hereby acco	purpose of changing its registere ept the appointment as registered
SIGNATURE					DATE
12,	Ignature, typed or punted name of registered ager OFFICERS AND		Rogistered Agent signature req	ADDITIONS/CHANGES TO OFFI	
TITLE	P	DELETÉ	1.1 T(1LE		Change Addition
NAME STREET ADDRESS	MORAN, MARIBEL 1228 NW 5 ST APT 3		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125		1.4 C/TY-ST-Z/P		
TITLE	S VARGAS, JULIA	DELETE	2.1 TITLE		Change Additio
NAME STREET ADDRESS	1228 NW 5 ST APT 3		2.2 NAME 2.3 STREFT ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELE1E	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CHY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Additio
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 C(TY - ST - Z(P) 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 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 reporter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or or an attachment with an address.

FILED