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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$98938

(1)

SIGNATURE:

Principal Place 575 WEST 18 3 HALEAH FL 33 US	ST.	Mailing Address 3240 SW 4TH ST. MIAMI FL 33135-1103 US			
				Date Incorporated or Qualified 12/09/1991 FEI Number	3a, Date of Last Report 01/25/1996
Principal Place of Business		2a. Mailing Address	2a. Mailing Address		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			\$8.75 Additional Fee Regulred
City & State		City & State	City & State		\$5.00 May Be
23 Zip	Country	28 Z _I p	Country	Trust Fund Contribution 8. This corporation has liability for a	Added to Fees
24	25	29 3		Florida Statutes	Yes 🔲 No
	g, Name and Address of Cur		B1 None A	10. Name and Address of New Re	glatered Agent
	PORATION INFORMATION SI	ERVICES INC.	B1 Name	ARIA T. CASAS	
	I HAYS ST. Lahassee FL 32301		82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
, IPMA	TAINOOFF IF OFOOT		83		
			84 City MIA	Mi	B5 Zio Code
11, Pursuant f	to the sed of Sections 607 (0502 and 607 1508 Florida Statutes	1 '''	5'11	
office or re	egister thage of or both, in the St	ate of Florida. Such change was au	thorized by the corporat	oration submits this statement for the pion's board of directors. I hereby accept	it the appointment as registered
agent. Lac SIGNATURE	X William Manager the or	NAMA 1. CASAS	- VICE PIE	31178711	1/24/57
	<u> </u>		Registered Agent signature requir		DATEL
12.	P OFFICERS	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	ALVAREZ, MARIA TERESA		1.2 NAME		
STREET ADDRESS	9811 S.W. 18 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	VS	DELETE	2.1 TITLE		Change Addition
NAME	Casas, Maria Teresa		2.2 NAME		
STREET ADDRESS	3240 SW 4TH ST.		2.3 STREET ADDRESS	·	
CITY - S1 - ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
THILE	T	☐ DELETE	3.1 TITLE		Change Addition
NAME	GONZALEZ, JOSEFA		3.2 NAME		
STREET ADDRESS	18610 BELVIEW DRIVE		3.3 STREET ADDRESS		
C!TY-ST-Z#	MIAMI FL	Destre	3.4. CITY-ST-ZIP		Observa Addition
TITLE		L_J DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME CZDSCI ADDOCCS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST+ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		Series accomplished and a second date.
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
14. I do heret	by certify that the information support indicated on this appual temperature	plied with this filing does not qualify	for the exemption states	d in Section 119.07(3)(i), Florida Statute:	s. I further certify that the
l am an o appears i	flicer or director of the corrulation of the Black 12 or Black 13 if charges	n or the receiver or trustee empower d, and an attachment with an addre	red to execute this reported to execute this reported to execute this reported to the result of the	my signature shall have the same lega et as required by Chapter 607, Florida S	tatutes; and that my name