FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

1, Corporation Name

DOCUMENT #

SIGNATURE:

V09903

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Principal Pla	ace of Business	Mailing Address			T HOURT ON ON THE PARTY OF THE PARTY OF	388 (0)) 01810 B1031 0181) 0101) 03010 01011 15801	
2150 CORAL WAY 6TH FL MIAMI FL 33145 US		MIAMI FL 33145					
		US I		3. Date Incorporated or Qualified 01/29/1992	3a. Date of Last Report 01/20/1995		
2. Principal	Place of Business	2a, Mailing Address			4, FEI Number	Applied For	
21		26			65-0311176	Not Applicable	
Suite, Ap 22	ot. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	SB.75 Additional Fee Required	
City & St	tale	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζ _{(P}	Country 25	Ζφ 29	Go 30	itry	This corporation has liability for Florida Statutes	r intangible tax under s 199.032, s ☐ No	
21	g. Name and Address of		15.21		10. Name and Address of New	Registered Agent	
	. , ,			81 Name			
	H, GARY V.			82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)	
	NORTHWEST 7TH STREET IN FL 33125			83			
				84 City		FL 85 Zip Code	
11. Prasosi	int to the provisions of Sections 60	7.0502 and 607.1508, Florida Statu	tes, the at	/e-named corpor	ration submits this statement for the pr	urpose of changing its registered office	
or regis	stered agent, or both, in the State	of Florida. Such change was authori of, Section 607.0505, Florida Statute	zed by the	orporation's boar	rd of directors. I hereby accept the ap	pointment as registered agent. I am	
SIGNATUR	- [
	Signation, typod or printed name of register		OT: Registere	Agent signature require		DATE	
12.		RS AND DIRECTORS	13	1.5	AUDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change	
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NAM:	LOVIO, HECTOR	U WAY ATU FI	12	ME			
STREET ADDRES		AL WAT, BIM FL	13	REET ADDRESS			
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NAME.		L) occur	22	IAE		FT 2 1998	
STREET ACCURES	99		23	FET ADDRESS			
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CITY - ST- ZIP		- D*: F*/	44	- \$1 - ZIP		FT Chance FT Addition	
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NAME CAME LANGUES	17.4						
STREET ADDRE	22		63	EET ADDRESS			
0:1Y - S1 - ZiP	proby codify that the information sy	ipplied with this filing is voluntarily fu	mished an	(-\$1-ZIP loes not qualify t	for the exemption stated in Section 11	9.07(3)(k), Florida Statutes I further	
cortify	that the information indicated on t	his annual report or supplemental ar ne corporation or the receiver or trus fid, or or all attachment with an ad	nnual repoil	true and accura	ate and that my signature shall have the is report as required by Chapter 607,	ne same legal effect as if made under	

AND THEO OF PRINTED NAME OF SIGNING OFFICER OR DIR

2/28/96 305 SSS.56.5620