AMOUNT DUE	ON OR BEFORE 9/17	1/97: \$550 (IF DISSO	LVED, M	INIMUM AMOUNT	DUE TO RE	INSTATE: :	750.)					
	PROFIT	SW PR	<i>y</i>	FLORIDA DEPA	RIMENT	OF STATE						
	RPORATION		(3.2)	Sandra	B. Morth	am				1 3 5	nj	
	J <b>al</b> Report			Secreta	ary of State	•		,				
	1997	A STATE	7	DIVISION OF	CORPORA	RIONS		074	מות ב	<b>5</b> 14 .		
DOCLI	MENIT #	1/40705		/4\				1	SEP 19	PH 1:	50	
1, Corporation	MENT #	V10705		(4)				SEC	REID CO	Cold andre	1 70 000	
SURVEYORS, INC.								TALL	RE W.S. AHASSES	UT 54/	NE	
								1 (8 6)( 0 (18 8) (18)( 0 0)		ALBIL BIBLI DI	MININE STREET	# <b>DIS</b> H ###1
Principal Place	e of Business		Mailir	ng Address				-	. 1004) BBIQI BIII <del>3</del>			A DIDII MAN
_1573 N.W. 937	RD-AVE.			N.W. GRD AVE.								
_SLITE A SUITE A MIAMI FL 89172 MIAMI FL 8917					<del>19</del>			DO	NOT WRITE IN	N THIS SE	ACE	
Ù6			جالت.					3. Date Incorporated c			of Last R	eport
			,					01/31/1992		08/0	5/1996	
	lace of Business	11 Aug	<del>-</del>	alling Address	۸،	1 0		4. FEI Number		•-	Ap	plied For
1 230 Suite, Apt.		4 AVE	26	uite, Apt. #, etc.	VUES	4-7		65-0317379				t Applicable
2	103		27	3110; 24pt. #; CIO.				5. Certificate of Status	Desired		\$8.75 A	
City & State	• F			ity & State				6. Election Campaign I	Financing		\$5.00	<del></del>
MIAN	M, th	<b>_</b>	28		· • • • • • • • • • • • • • • • • • • •			Trust Fund Contribu	•		Added t	
Zp 33	a	ugtry	Zq	Þ	Cour	ntry		8. This corporation own				_ '
4 0 2	9 Name and A	dress of Current	29 Register	ed Agent	30			Personal Property Ta 10. Name and Address				J No
CAF	BRERA, NELSON		Tograter	oo Agoin	·	81 Nam	е	TU. Mante and Address	O HOW COR	ereien wi	jont	<del></del>
	25 SW 152N TER	RR .			-	82 Stree	6 6 al al - a	(D.C. D N) 1- N				
	MI FL 33177	•••				oz Siree	t Addres	ss (P.O. Box Number is N	or vecebracie	')		
						63						
N.					-	84 City					85 Zip (	Code
										<u>FL</u>	'	
Office of re	edistered adent. or	dom. In the State o	r toricia.	Such change was	autoorized	i by the co	d corpo rporalio	ration submits this statem on's board of directors. Th	ent for the pur ereby accept	rpose of c the appoi	hanging it: ntment as	s registered registered
=	m familiar with, and	accept the obligati	ons of, Se	ection 607.0505, F	lorida Stati	ites.						-
SIGNATURE	Signature, lyped or printed	name of registered agent	and litio if ap	ptcable (NO	TE: Registered	Agent signate	re required	d when reinstating)		DATE		
12.		OFFICERS AND	DIRECTO		13.		,	ADDITIONS/CHANGE	S TO OFFICE			S IN 12
TITLE	D OARDEDA NE	1001		☐ DELF1E	1110		CA	ARERA NE	erson	Ę	Change	☐ Addition
NAME	CABRERA, NE	lsun <del>The Ter</del> r			1.2 NA		liux	DE OF MIT	ERR			
STREET ADDRESS CITY-ST-ZIP	MANTE.	TTT TEANS				HEET ADDRESS	NA.		33177			
TITLE	D		—	DELETE	2.1 TIT	Y-ST-ZIP	176	iami, th	2711	Т	Change	Addition
NAME	CABRERA, VIL	MA			2.2 NA		CA	HBRERA, VIL	MA	_		
STREET ADDRESS	-44015 S.W. 87	THETERR.			2.3 \$7	KEET ADDRESS	14	525 SW 157	TER	<u>L</u>		
CITY-ST-ZIP	-MANIEL				2. 4 CI	Y-ST-ZIP	M	iAM. Fr	3217	j		
TITLE				L DELETE	3.1 1(1)	. <b>€</b>					Change	☐ Addition
NAME					3.2 NA		1	0000	09/23/97	, <u>, , , , , , , , , , , , , , , , , , </u>	156n	08
STREET ADDRESS						IFFT ADDRESS			 	00 *	***16	5.00 l
CITY+ST-ZIP Zite				DELETE	4.1 TH	Y-\$1-ZIP .E	<del> </del>				Change	Addition
NAME					4. 2 NA					_		
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP					4 4 CIT	Y-ST-ZIP						
TITLE				DELFTE	5.1 1110					VV E	Change	Addition
NAME					5.2 NA		1		1	JID	1	]
STREET ADDRESS						EET ADDRESS			,	V/1	المرا	'
CITY-ST-ZIP TITLE				DELETE	5.4 CIT	Y-S1-ZIP F			<del></del>	<del>() \ \ \</del>	Change	Addition
NAME					6.2 NA					. 1 m	a onange	
STREET ADDRESS	ſ	\ ^			1	fet address						
CITY-ST-ZIP		1 X _ L			6.4 CIT	Y - ST - 7IP	1					
<ol> <li>I do hereb information</li> </ol>	y certify that the in	dimation supplied v	vith this fi	iling does not quali	fy for the e	exemption	stated in	n Section 119.07(3)(i), Flo ny signature shall have the as required by Chapter 60	rida Statutes. I	I further of	ertify that t	he for cetter that
I am an of	licer or director on	of paration of the	e receive	er or trustee empoy	vored to ex	ecute this	report a	as required by Chapter 60	17, Florida Stat	lules; and	that my ha	ame
appears in	Block 12 or Block	(444/AbiliAbiliah)	r an allac	chment with an ad-	uress.							1