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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

101

FILED Apr 24 1997 8:00am Secretary of State

Principal Place of Business 299 ALHAMBRA CIRCLE SUITE 401 CORAL GABLES FL 33134 US	Mailing Address 299 ALHAMBRA CIRCLE 401 CORAL GABLES FL 33134-51 US	14	3. Date Incorporated or Qualified 02/03/1992	3a. Date	e of Last R 7/1996	
2. Principal Place of Business	2a, Mailing Address	112 1	4, FEI Number			plied For
1 782 N.W. 42 Aven Suite, Apt. #, etc.	Suite, Apt. #, etc.	42 Avenue	65-0306333		\$8.75	t Applicable
2 Svite 534	27 Suite 5	34	Certificate of Status Desired		Fee Re	
City & State MIAMI, Florida	City & State	brida	6. Election Campaign Financing		\$5.00	
Zip Country	28 ////AM/ F	Country	Trust Fund Contribution 8. This corporation has liability for	intensible to	Added t	
33/26 25	29 33126 3	0	Florida Statutes	Yes 🗶	No	. 133.002,
g. Name and Address of Cui	rrent Registered Agent	81 Name	10. Name and Address of New R	egistered A	ent	·····
RIVERO, LUIS 299 ALHAMBRA CIRCLE			vis J. RIVERO			
SUITE 401		82 Street Add	ress (P.O. Box Number is Not Accepta	ible) /CP		
CORAL GABLES FL 33134		83 50	ite 534			
, ,		84 City	7 2 2 2 1		85 Zip.	\$726
11. Pursuant to the provisions of 9ectors (97)	D502 and 607 1508 Florida Statutes	the above-named corr	poration submits this statement for the	FL purpose of o		
11. Pursuant to the provisions of Sectors 607, office or registered agent, in both, in the Stagent. I am familiar with and accept the of	tate of Florida. Such change was autibligations of, Section 607,0505, Flori	inorized by the corporat da Statutes.	tion's board of directors. I nereby acce	ept the appoi	intment as	registered
SIGNATURE. Signature must be writted from the giston.	gent and little if applicable (NOTE	Registered Agent signature requi		DATE		
12. Signatur (Auropa Vented Agri) Costons OFFICERS	AND DIRECTORS	13.		CERS AND I		
12. OFFICERS THE PROPERTY LIES I	AND DIRECTORS DELETE	13. 1,1 TITLE	red when reinstaling)	CERS AND I	DIRECTOR Change	
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