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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V16985

(6)

MAR TO  Principal Place 7380 W. 20TH / SUITE 113 HIALEAH FL 33	AVE.	Mailing Address 7380 W. 20TH AVE. SUITE 113 HIALEAH FL 33016-1870						
US		US	US		3. Date Incorporated or Qualified 02/25/1992 3a. Date of Last Report 05/01/1996			eport
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address 26			Applied For Not Applicable		
Suite, Apt.	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
<b>23</b>				Country  8. This corporation has liability for intangible to Florida Statutes  12. Yes C			tax under s. 199.032,	
24	9. Name and Address of C		30		10. Name and Address of New Registered Agent			
MARTINEZ, LUIS B1								
7380 W. 20TH AVE. SUITE 113			82	Street Add	ress (P.O. Box Number is Not Accept	able)		
HIALEAH FL 33016								
			84	'			15 Zip (	
	to the provisions of Sections 60 registered agent, or both, in the im familiar with, and accept the	7.0502 and 607.1508, Florida State State of Florida. Such change was obligations of, Section 607.0505, F	ites, the above authorized by Torida Statute	e-named corp the corporals.	poration submits this statement for the tion's board of directors. I hereby acc	e purpose of ch cept the appoint	anging its ment as	s registered registered
SIGNATURE	Styredure, typed or printed name of registured agent and title if applicable (NOTE: Re			eni signatura requi	red when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OF			
†÷TL <del>f</del>	DPS	[] DELETE	1.1 TITLE			L	Change	Addition
NAME	MARTINEZ, LUIS		1.2 NAME					
STREET ADDRESS	271 EAST 57 ST.			ADDRESS				-
CITA- 21 - Zift	HIALEAH FL	DELETE	14 C/TY-S 21 TITLE	ST-21P			Change	Addition
TOLLE			22 NAME					
NAME STREET ADDRESS			23 STREET	223RODA				
CPA-ST 26			2.4 CITY-			J		l
101.6	······································		3.1 TITLE	*		,	Change	Addition
NAME			3.2 NAME					
STREET AUCRESS			3.3 STREE	I ADDRESS				
CdY-S1-7IP			3.4. CITY-	ST-ZIP		<del></del>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
THE		☐ DELETE	4.1 TITLE			L.	Change	Addition
NAMé			4, 2 NAME					
STREET ADDRESS				F ADDRESS				
CITY-ST-ZIP	Des Pye			4.4 CITY-ST-ZIP			Change	Addition
THILE	DELETE		5.1 TITLE			L-	- Augulie	And Andribott
NAME			5.2 NAME					ļ
STREET ADDRESS				T ADDRESS				
CHY-ST-ZIP	I		5.4 CITY-:	ST-ZIP				•

on supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the 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 boration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name hanged, or on an attachment with an address. 14. I do hereby Lam an off appears in

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATUR

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

\_\_\_ Change

\_\_\_ Addition

**FILED** 

May 08 1997 8:00am

Secretary of State