SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**



1998

DOCUMENT #
1. Corporation Name

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 16 1998 8:00am Secretary of State

THE GUZMAN COMPANY OF MIAM!					
					<u> </u>
				-	
Principal Place		Mailing Address			
'''		7780 S.W. 117TH AVENUE		ļ	
MIAMI FL 33169		SUITE 100 MIAMI FL 33183		DO NOT WRITE IN THIS SPACE	
i i		MIMMI FL 33183		3. Date Incorporated or Qualified	
				03/30/1992	İ
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0351338	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	ent year Intangible
24	[25]	[29]	0		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
BOIKO, BRUCE M ESQ. 81 Name					
7780 S.W: 117TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)					
-MIAMI-FL-33183			1201	BRICKELL AVE.	# 1501
1			83	, , , , , , , , , , , , , , , , , , , ,	
			84 City 1	Α	85 Zip Code
				HM/ FL	133/3/
11. Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed game of registered egreet and little if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12.	Signature, typed or printed ranno of registered egrid a OFFICERS AND	the second secon	Registored Agent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PTD	DELETE	1.17111.6		Change Addition
NAME	CALVO, RAFAEL GUZMAN	Liberthe	1.2 NAME	'	Sharigo [] Fadditori
STREET ADDRESS	AAAA AMI AATII ATAFET		13 STREET ADDRESS	ļ	
CITY-ST-ZIP	MIAMI FL 33165-4022		1.4 CITY-S1-ZIP		6
TITLE	\$	DELETE	2 1 1111.1		Change Addition
NAME	BOIKO, BRUCE	£3 occc .e.	2 2 NAME	•	
STREET ADDRESS	7780 S.W. 117TH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZiP	MIAMI FL 33183		2.4 CITY-ST-ZIP		
TITLE	···· — - · · · · · · · · · · · · · · · ·	DELETE	31 TITLE		Change Addition
NAME			3 2 NAME.		- "
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TITLE		Change [] Addition
NAME			4.2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TrTLE		DELETE	5 1 111LE		Change Addition
NAME			5 2 NAME		
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			6.4 CITY-ST-ZIP		

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementation and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the preciver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attention in with an English.