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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jan 23 1997 8:00am

Secretary of State

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Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V35812

(9)

MIRTA BATISTA-TATUM INC.

**SIGNATURE:** 

| Principal Place of Business Mailing Address |  |                         |   |              |                                       |                   |  |              |  |                |
|---|--|-------------------------|---|--------------|---------------------------------------|-------------------|--|--------------|--|----------------|
| 0441 BELAIRE (<br>MIRAMAR FL 33<br>LIS      |  |                         | 9441 BÉLAIRE DR.<br>Miramar FL 33025-3882 |              |                                       |                   |  |              |  |                |
|   |  |                         |   |              |                                       |                   | 3. Date Incorporated or Qualified 05/08/1992                                       |              | te of Last F<br>11/1996                | leport .       |
| 2. Principal Pl                             | ace of Business  | <b>2a.</b> Mailm        | g Address                                 |              |                                       |                   | 4. FEI Number  |              | <b>⊢</b>                               | pplied For     |
| 21  | н  | 26                      | A 41 - 44                                 |              |                                       |                   | 65-0333102   |              |  | ot Applicable  |
| Suite, Apl.                                 |  | 27                      |   |              |                                       |                   | 5. Certificate of Status Desired Fee Required                                      |              |  |                |
| City & State                                |  | F1                      | City & State                              |              |                                       |                   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |              |  |                |
| <b>23</b> Zip                               | Country  |                         | Zip Country                               |              |                                       |                   | 8. This corporation has liability for intangible tax under s. 199.032,             |              |  |                |
| 24  | 25   | 29                      | 30  |              |                                       |                   | Florida Statutes Yes No  |              |  |                |
|   | 9. Name and Address of Cur   |                         | \gent                                     |              | \                                     |                   | 10. Name and Address of New Re   | gistered /   | Agent                                  |                |
| BATH  | STA-TATUM, MIRTA   |                         |   |              | 81                                    | Name              |  |              |  |                |
|   | BELAIRE DRIVE<br>MAR FL 33025  |                         |   |              | 82                                    | Street Ad         | ddress (P.O. Box Number is Not Acceptable)   |              |  |                |
| ***************************************     | WWW. I E OOOEO   |                         |   |              | 83                                    |                   |  |              | ······································ |                |
|   |  |                         |   |              | 84                                    | City              |  | FL           | <b>85</b> Zip                          | Code           |
| 11. Pursuant I                              | to the provisions of Sections 607.0  | 502 and 607.150         | 8, Florida Statu                          | ites, the a  | Ll<br>bove                            | -named co         | rporation submits this statement for the   | purpose of   | changing i                             | its registered |
| office or n                                 | egistered agent, or both, in the St<br>ni familiar with, and accept the ob | ate of Florida. Suc     | th change was                             | authorize    | d by                                  | the corpor        | ation's board of directors. I hereby acce  | pt the app   | ointment as                            | registered     |
| SIGNATURE                                   | Signature, type disciprontes name of regissers f                           | Number and title Lamous | hr (NC                                    | 1E Registere | d Age                                 | ent signature reg | uired when reinstating)  | DATE         |  |                |
| 12.   |  | AND DIRECTORS           |   | 13.          |                                       | <u> </u>          | ADDITIONS/CHANGES TO OFFI  | CERS AND     | DIRECTOR                               | RS IN 12       |
| TITLE                                       | PD   |                         | DELETE                                    | 1.1 Ti       | TLE                                   |                   |  |              | Change                                 | Addition       |
| NAME  | BATISTA-TATUM, MIRTA   |                         |   | 1.2 N        | AME                                   |                   |  |              |  | ,              |
| STREET ADDRESS                              | 9441 BELAIRE DR  |                         |   | 1.3 S        | TREET                                 | ADDRESS           |  |              |  |                |
| CITY - ST - ZIP                             | MIRAMAR FL 33025   |                         |   |              |                                       | T-21P             |  | <del> </del> |  |                |
| TITLE                                       |  |                         | DELETE                                    | . 2.1 Ti     | TLE                                   |                   |  |              | Change                                 | Addition       |
| NAME  |  |                         |   | 2.2 N        |                                       |                   |  |              |  |                |
| STREET ADDRESS                              |  |                         |   |              |                                       | ADDRESS           |  |              |  |                |
| CITY - SI - ZIP<br>TITLE                    |  |                         | DELETE                                    | 2 4 C        | · · · · · · · · · · · · · · · · · · · | ST-ZIP            |  |              | Change                                 | Addition       |
| NAME  |  |                         | C percit                                  | 32 N         |                                       | -                 |  |              | City Olivingo                          |                |
| STREET ADDRESS                              |  |                         |   |              |                                       | ADDRESS           |  |              |  | ľ              |
| · CITY - ST - ZIP                           |  |                         |   |              |                                       | ST-ZIP            |  |              |  |                |
| TITLE                                       |  |                         | DELETE                                    | 411          |                                       |                   |  |              | Change                                 | Addition       |
| NAME  |  |                         |   | 4.21         | <b>LAME</b>                           |                   |  |              |  |                |
| STREET ADDRESS                              |  |                         |   | 4.3 \$       | TREET                                 | ADDRESS           |  |              |  |                |
| CITY-ST-ZIP                                 |  |                         |   | 4.4 C        | ITY-S                                 | T-ZIP             |  |              |  |                |
| TITLE                                       |  | -                       | DELETE                                    | 5.1 T        | TLE                                   |                   |  |              | Change                                 | Addition       |
| NAME  |  |                         |   | 5.2 N        | AM€                                   |                   |  |              |  |                |
| STREET ADDRESS                              |  |                         |   |              |                                       | ADDRESS           |  |              |  |                |
| C(Ty - ST - ZiP                             |  |                         | LINGUETE                                  |              |                                       | T-ZIP             |  |              | Chart                                  | A AMERICA      |
| TITLE                                       |  |                         | DELETE                                    | 6.1 T        |                                       |                   |  |              | ☐ Change                               | Addition       |
| NAME  |  |                         |   | 6.2 N        |                                       | 4000000           |  |              |  |                |
| STREET ADDRESS                              |  |                         |   | 63\$         | IREET                                 | ADDRESS           |  |              |  |                |

14. For hereby certify that the information supplied with this filing 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.