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 # V37890

(3)

Principal Place of Busin 782 N.W. LE JEUNE RD. SUITE #538 MIAMI FL 33126	SUITE #538	782 N.W. LE JEUNE RD.							
US						3. Date Incorporated or Qualified 3a. Date of Last			eport
			 _			05/19/1992	05/	01/1996	
2. Principal Place of Bu	usiness	2a. Mailing Address	S			4. FEI Number			plied For
21		26				65-0340799			t Applicable
Suite, Apt #, etc		Suite, Apt. #, et	├ ─┐ '			5. Certificate of Status Desired	X	\$8.75 A	
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	T	Country		8. This corporation has liability for	intangible		
24	25	29	30	1			Yes		
9. Nai	me and Address of Cu	rrent Registered Agent				10. Name and Address of New Re	gistered	Agent	
1594 SPRING FORT LAUDE	ERDALE FL 33326			82 83 84	Street Add	dress (P.O. Box Number is Not Acceptal	FL	85 Zip (Code
SIGNATURE	visions of Sections 607 agent, or both, in the S with, and accept the c					poration submits this statement for the pation's board of directors. I hereby acce	purpose o	of changing its	s registered registered
12.		AND DIRECTORS	INUTE RE	13.	nt signarure requ	ADDITIONS/CHANGES TO OFFIC		D DIRECTOR	S IN 12
TIBLE DPS	QI I IQI II;	DELE	 TF	1.1 TITLE		ADDITIONS/CHANGES TO OFFI	JENO AN	Change	Addition
	JEZ, GONZALO	<u></u>	-	1.2 NAME				,	
	N LE JEUNE DR. #5	38		1.3 STREET	ADDRESS				
	FL 33126	••		1.4 CITY-S	ŀ				
TITLE	I L WIEV	☐ DELE	TE	2.1 TITLE	1 - ZIF			Change	Addition
NAME				2.2 NAME					
STREET ADORESS				2.3 STREET	ADDRESS				
CITY - ST - ZIP				2. 4 CITY - S				4	
- TITLE		DELE	TE	2. 4 CHY - S	11.51L			Change	Addition
NAME		had bette	•	3.2 NAME					
STREET ACORESS				3.3 STREET	ADDRESS				
				3.4. CITY-S					
C(TY-ST-Z)P TIT:E		DELE	TF.	4.1 TITLE	1-217			Change	Addition
IIII F		<i>DECL</i>		4.1 1111.0				m orange	- Austron

6.4 CITY - ST - ZIP CITY-ST ZIP 14. I do hereby certily 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 armual 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 of the receiver or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attacyprient with an address.

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE

STREET ADORESS

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

Change

Addition

Addition

FILED

Feb 10 1997 8:00am

Secretary of State