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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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| <br> |   |   | - |

**SIGNATURE:** 

DOCUMENT # V43840

(0)

| Principal Place of Business  600 PALM AYE SUITE A HIALEAH FL 33010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mailing Address<br>600 PALM AVE<br>SUITE A<br>HIALEAH FL 33010-4354                                                           | 600 PALM AVE                                                                                                                                                                                                                                                                                                                                                                                                                |                                                   | 3. Date Incorporated or Qualified 04/30/1996           |              |                               |                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|--------------|-------------------------------|-------------------------------------------------------|
| Principa' F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2a. Mailing Address                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                             | 4.                                                | <b>06/15/1992</b> FEI Number                           | V-1/4        |                               | optied For                                            |
| ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 26                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   | 65-0338793                                             |              | h                             | ot Applicable                                         |
| Suite Apt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | # etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Surte, Apt. #, etc.                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                             | 5.                                                | Certificate of Status Desired                          |              |                               | Additional<br>equired                                 |
| City & Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | City & State                                                                                                                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                 | 6.                                                | Election Campaign Financing                            |              |                               | May Be                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 28                                                                                                                            | ···                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   | Trust Fund Contribution                                |              |                               | to Fees                                               |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Ζιρ<br><b>29</b>                                                                                                              | Country<br>30                                                                                                                                                                                                                                                                                                                                                                                                               | 6.                                                | This corporation has liability for<br>Florida Statutes | r intangible |                               | . 199.032,                                            |
| J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9. Name and Address of Curre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                             | 10                                                | , Name and Address of New R                            |              |                               |                                                       |
| GES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STIDO, ANTONIO JR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ,                                                                                                                             | 81 Na                                                                                                                                                                                                                                                                                                                                                                                                                       | me                                                |                                                        |              |                               |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PALM AVE<br>TE A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               | <b>82</b> Str                                                                                                                                                                                                                                                                                                                                                                                                               | eet Address (I                                    | P.O. Box Number is Not Accepta                         | able)        |                               |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LEAH FL 33010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                               | 83                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                   |                                                        |              | ***                           |                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               | 84 Cit                                                                                                                                                                                                                                                                                                                                                                                                                      | v                                                 |                                                        |              | 85 Zip                        | Code                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                        | <u>FL</u>    |                               |                                                       |
| office or<br>agent. Es                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | to the provisions of Sections 607 050 registered agent, or both, in the State im familiar with, and accept the oblig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e of Florida Such change way<br>patients of, Section 607 0505,                                                                | tutes, the above-nar<br>as authorized by the<br>Florida Statutes.<br>IO <sup>YE</sup> Registered Agent sign                                                                                                                                                                                                                                                                                                                 | corporation's                                     | board of directors. I hereby acce                      | ept the app  | ointment as                   | registered                                            |
| office or<br>agent. Ea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | registered agent, or bolh, in the State in familiar with, and accept the oblig to the base of the base | e of Florida. Such change wa<br>patiens of, Section 607 0505,                                                                 | is authorized by the<br>Florida Statutes.                                                                                                                                                                                                                                                                                                                                                                                   | corporation's                                     | board of directors. I hereby acce                      | ept the app  | ointment as                   | registered                                            |
| office or<br>agent. + c<br>BIGNATURE<br>2.<br>IILE<br>AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | registered agent, or bolh, in the State<br>im familiar with, and accept the oblig<br>segular typesning that can esting elements<br>OFFICERS AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | o of Florida Such change way<br>pations of, Section 607 0505,<br>percand tills applicable (N<br>ID DIRECTORS                  | Is authorized by the Flonda Statutes  IOTE Registered Agent sign  13.  11 TiTLE  1.2 NAME                                                                                                                                                                                                                                                                                                                                   | corporation's                                     | board of directors. I hereby acce                      | ept the app  | DIRECTOR                      | registered                                            |
| office or<br>agent. I s<br>SIGNATURE<br>2.<br>IILE<br>AME<br>IREET ADORESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | registered agent, or boln, in the State in familiar with, and accept the oblig for the properties of t | o of Florida Such change way<br>pations of, Section 607 0505,<br>percand tills applicable (N<br>ID DIRECTORS                  | is authorized by the Florida Statutes.  IOTE Registered Agent significant in Title  13.                                                                                                                                                                                                                                                                                                                                     | corporation's                                     | board of directors. I hereby acce                      | ept the app  | DIRECTOR                      | registered                                            |
| office or<br>agent. I s<br>IGNATURE<br>2.<br>ILE<br>AME<br>IREET ADDRESS<br>ITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | registered agent, or boln, in the State in familiar with, and accept the oblig Signature type full content of registering PD GESTIDO, ANTONIO JR 600 PALM AVE #A HIALEAH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | o of Florida Such change way<br>pations of, Section 607 0505,<br>percand tills applicable (N<br>ID DIRECTORS                  | Is authorized by the Flonda Statutes  IOTE Registered Agent signal  13.  1   TITLE  1.2 NAME  1.3 STREET ADDR                                                                                                                                                                                                                                                                                                               | corporation's                                     | board of directors. I hereby acce                      | ept the app  | DIRECTOR                      | RS IN 12                                              |
| office or<br>agent. I ;<br>SIGNATURE.<br>2.<br>IILE<br>AME<br>IREET ADDRESS<br>IIY-ST-ZIP<br>IILE<br>AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | registered agent, or boln, in the State in familiar with, and accept the oblig Square experience to content addending OFFICERS AN PD GESTIDO, ANTONIO JR 600 PALM AVE #A HIALEAH FL VD RIVERO, OMAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | o of Florida Such change way pations of, Section 607 0505, percandals capacable (A  ID DIRECTORS  DELETE                      | Is authorized by the Flonda Statutes  IOTE Registered Agent signal  1 3.  1 1 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME                                                                                                                                                                                                                                                                             | corporation's                                     | board of directors. I hereby acce                      | ept the app  | OINTECTOR Change              | RS IN 12                                              |
| office or<br>agent. i.s<br>BIGNATURE.<br>2.<br>ITLE<br>AME<br>ITLEST-ZIP<br>ITLE<br>AME<br>ITLEST-ZIP<br>ITLE<br>AME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | registered agent, or bolh, in the State an familiar with, and accept the oblig  Fig. alone types rules and content and incident age  OFFICE RS AN  PD  GESTIDO, ANTONIO JR  600 PALM AVE #A  HIALEAH FL  VD  RIVERO, OMAR  600 PALM AVE #A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | o of Florida Such change way pations of, Section 607 0505, percandals capacable (A  ID DIRECTORS  DELETE                      | Is authorized by the Flonda Statutes  IOTE Registered Agent sign  13.  11 TiflE  1.2 NAME  1.3 STREET ADDR  1.4 CITY - ST - ZIP  2.1 TIFLE  2.2 NAME  2.3 STREET ADDR                                                                                                                                                                                                                                                       | corporation's                                     | board of directors. I hereby acce                      | ept the app  | OINTECTOR Change              | RS IN 12                                              |
| office or agent. I ; siGNATURE.  2.  ITLE AME ITSET ADDRESS ITY-ST-ZIP ITLE AME IMPET ACORESS ITH-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | registered agent, or bolh, in the State an familiar with, and accept the oblig Signature based size. Not can eat in detection OFFICERS AN OFFICERS AN OFFICERS AN HALEAH FL.  VD  RIVERO, OMAR  800 PALM AVE #A  HIALEAH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e of Florida Such change way pations of, Section 607 0505,  Per and bless are cable (A  AD DIRECTORS  DELETE  DELETE          | IS authorized by the Flonda Statutes  ICOTE Registered Agent signal  13.  1 1 TITLE  1.2 NAME  1.3 STREET ADDR  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDR  2.4 CITY-ST-ZIP  2.4 CITY-ST-ZIP                                                                                                                                                                                                                     | corporation's                                     | board of directors. I hereby acce                      | ept the app  | OINTECTOR Change              | RS IN 12 Additi                                       |
| office or agent. I s SIGNATURE  2.  ITLE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TALET ADDRESS  ##1-ST-ZIP  TLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | registered agent, or bolh, in the State an familiar with, and accept the oblig  Fig. alone types rules and content and incident age  OFFICE RS AN  PD  GESTIDO, ANTONIO JR  600 PALM AVE #A  HIALEAH FL  VD  RIVERO, OMAR  600 PALM AVE #A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | o of Florida Such change way pations of, Section 607 0505, percandals capacable (A  ID DIRECTORS  DELETE                      | Is authorized by the Flonda Statutes  IOTE Registered Agent sign  13.  11 TiflE  1.2 NAME  1.3 STREET ADDR  1.4 CITY - ST - ZIP  2.1 TIFLE  2.2 NAME  2.3 STREET ADDR                                                                                                                                                                                                                                                       | corporation's                                     | board of directors. I hereby acce                      | ept the app  | OINTECTOR Change              | RS IN 12 Additi                                       |
| office or agent. I selfonature.  2.  The ame insertadoress ity-st-zip ithe ame insertadoress ity-st-zip ithe ame insertadoress ity-st-zip ithe ame insertadoress ity-st-zip ithe ame.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | registered agent, or bolh, in the State on familiar with, and accept the oblig Separate special provideration OFFICERS AN OFFICERS AN OFFICERS AN HALEAH FL.  VD RIVERO, OMAR 800 PALM AVE #A HIALEAH FL  SD GARCIA, JOSE A C/O 800 PALM AVE., SUITE A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | o of Florida Such change way pations of, Section 607 0505,  Per and bless applicable (A  AD DIRECTORS  DELETE  DELETE         | Is authorized by the Flonda Statutes  IOTE Registered Agent sign  13.  11 Tifle 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIF 3.1 TIFLE                                                                                                                                                                                                                                       | corporation's                                     | board of directors. I hereby acce                      | ept the app  | OINECTOR Change               | RS IN 12 Additi                                       |
| office or agent. I see agent. I | PD GESTIDO, ANTONIO JR 600 PALM AVE #A HIALEAH FL SD GARCIA, JOSE A C/O 600 PALM AVE., SUITE A HIALEAH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | o of Florida Such change way pations of, Section 607 0505, person table of applicable (A ID DIRECTORS DELETE DELETE           | IS authorized by the Flonda Statutes  IOTE Registered Agent sign  13.  11 Tifle 1.2 NAME 1.3 STREET ADDR 1.4 CITY-ST-ZIP 2.1 Tifle 2.2 NAME 2.3 STREET ADDR 2.4 CITY-ST-ZIF 3.1 Tifle 3.2 NAME                                                                                                                                                                                                                              | corporation's  ature required whe                 | board of directors. I hereby acce                      | ept the app  | DIRECTOR Change               | RS IN 12 Additi                                       |
| office or agent. I s SIGNATURE  2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE TREET ADDRESS ITY-ST-ZIP ITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | registered agent, or both, in the State of familiar with, and accept the oblig of the colling of | o of Florida Such change way pations of, Section 607 0505,  Per and bless applicable (A  AD DIRECTORS  DELETE  DELETE         | IS authorized by the Flonda Statutes  IOTE Registered Agent sign  13.  11 TITLE 1.2 NAME 1.3 STREET ADDR 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDR 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDR 3.4 CITY - ST - ZIP 4.1 TITLE                                                                                                                                                                        | corporation's  ature required whe                 | board of directors. I hereby acce                      | ept the app  | OINECTOR Change               | RS IN 12 Additi                                       |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/22/97

305-887-2500

**FILED** 

Feb 05 1997 8:00am

Secretary of State

Daytime Phone II