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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V50449

(0)

FILED May 19 1997 8:00am Secretary of State

Principal Place of Business ACCO SW 40TH AVE PEMBROKE PARK FL 33023 Waiting Address 4060 SW 40TH AVE PEMBROKE PARK FL 33023-6226 US								
(· · · · · · ·				**	 Date Incorporated or Qualified 07/09/1992 	3a. Da 04/2	te of Last F 3/1996	Report
21	Place of Business	2a. Mailing Address	S		4. FEI Number 65-0348957			pplied For ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, et	C.		5. Certificate of Status Desired			Additional equired
City & State	le	City & State			6. Election Campaign Financing Trust Fund Contribution	[]		May Be to Fees
Zip	Country 26	7 _(P)	30	uritry	8. This corporation has liability for			
	9. Name and Address of Cur	rrent Registered Agent		J	10. Name and Address of New Re	gistered A	gent	
RAM	IIREZ, IVONNE			81 Name				
4080 SW 40TH AVE PEMBROKE PARK FL 33023					dress (P.O. Box Number is Not Acceptat	ble)		
.				83		·	123113	
				84 City		FL	85 Zip	Code
office or r	registered agont or both, in the St	tate of Florida. Such change	Statutes, the a was authorize	above-named cor ed by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	purpose of pt the appg	onanging Intmont as	s registered
office or ragent 1 a	Signature, Types or printed name of registeres OFFICERS	mus		ed Agent signature røqu	rporation submits this statement for the pation's board of directors. I hereby acception to the patient with	4/4	197	
SIGNATURE 12. TITLE NAME	Signature, type or printed name of rigisterice OFFICERS RAMIREZ, IVONE	mus diagoni and tipe it ny isoable	(NOTE: Hegister 13. TE 11	ed Agent signature røqu	uired when recestating)	4/4	197	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	d agent and file (Chilicable AND DIRECTORS		od Agent signature requ TITLE NAME STREET ADDRESS	uired when recestating)	4/4	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, type or printed name of rigisterice OFFICERS RAMIREZ, IVONE	o agent and like lifely it cable AND DIRECTORS DELF	(NOTE highster 13. 16. 11. 1.2. 1.3. 1.4.	od Agent signature requirements THEF NAME STREET ADDRESS CHY-S1-ZIP	uired when recestating)	OERS AND	DIRECTOI	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	d agent and file (Chilicable AND DIRECTORS	(NOTE to gister 13. 11 1.2 1.33 1.41 2.1	CO Agent signature requirement of the state	uired when recestating)	OERS AND	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	o agent and like lifely it cable AND DIRECTORS DELF	(NOTE HI GISTON 13 11 1.2 1.3 1.4 1E 21 22	THE TADDRESS CHY-SI-ZIP	uired when recestating)	OERS AND	DIRECTOI	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	o agent and like lifely it cable AND DIRECTORS DELF	(NOTE House House	COD Agend signature requirements THEF NAME STREET ADDRESS CHY-SI-ZIP THEF NAME STREET ADDRESS	uired when recestating)	OERS AND	DIRECTOI	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	o agent and like lifely it cable AND DIRECTORS DELF	(NOTE 160 gister 13. 14. 14. 17. 18. 19. 19. 10. 10. 10. 10. 10. 10	THE TADDRESS CHY-SI-ZIP	uired when recestating)	CERS AND	DIRECTOI	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	o agent and like life, it cable AND DIRECTORS DELF	(NOTE 160 gister 13. 14. 14. 17. 18. 19. 19. 10. 10. 11. 11. 11. 11	COLAGENT SIGNATURE FORD THEF NAME STREET ADDRESS CITY-SI-ZIP HILL NAME STREET ADDRESS CITY-SI-ZIP	uired when recestating)	CERS AND	DIRECTOI Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	o agent and like life, it cable AND DIRECTORS DELF	(NOTE 144 gister) 13. 14. 14. 17. 18. 22. 23. 2.4 18. 31.	COLAGENT SIGNATURE FORD THEF NAME STREET ADDRESS CITY-S1-ZIP NAME STREET ADDRESS CITY-S1-ZIP THEF	uired when recestating)	CERS AND	DIRECTOI Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	a good and life if the iterable AND DIRECTORS DELF	(NOTE 160 gister 13. 11. 1.2. 1.3. 1.4. 12. 2.2. 2.3. 2.4. 11. 32. 33. 34.	COT Agent signature requirements THEF NAME STREET ADDRESS CITY-S1-ZIP THEF NAME STREET ADDRESS CITY-S1-ZIP THEF NAME	uired when recestating)	CERS AND	DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	o agent and like life, it cable AND DIRECTORS DELF	(NOTE 160 gister 13. 11. 1.2. 1.3. 1.4. 12. 2.2. 2.3. 2.4. 11. 32. 33. 34.	THE NAME STREET ADDRESS CITY-S1-ZIP THE NAME	uired when recestating)	CERS AND	DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	a good and life if the iterable AND DIRECTORS DELF	(NOTE 144 gister 13 11 12 13 14 14 12 22 23 24 31 31 32 34 16 41 17 18 41 18 41 41	THE NAME STREET ADDRESS CITY-S1-ZIP	uired when recestating)	CERS AND	DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	a good and life if the iterable AND DIRECTORS DELF	(NOTE 160 gister 13 11 11 1,2 1,3 1,4 11 2,2 2,3 2,4 3,1 3,2 3,4 11 11 11 11 11 11 11 11 11 11 11 11 11	THE NAME STREET ADDRESS CITY-S1-ZIP THLE NAME STREET ADDRESS STREET ADDRESS	uired when recestating)	CERS AND	DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	a goest and like life, it cable AND DIRECTORS DELF DELF	(NOTE 160 gister 13 11 12 13 14 14 12 22 23: 24 16 31 32 34 16 41 42 43: 44	THE NAME STREET ADDRESS CITY-S1-ZIP THLE NAME STREET ADDRESS CITY-S1-ZIP	uired when recestating)	CERS AND	DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	a good and life if the iterable AND DIRECTORS DELF	(NOTE 160 gister 13 11 12 13 14 14 12 22 23 24 31 34 1E 41 42 43 1E 1E 51	THE NAME STREET ADDRESS CITY-S1-ZIP THE	uired when recestating)	CERS AND	DIRECTOI Change Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	a goest and like life, it cable AND DIRECTORS DELF DELF	(NOTE 160 district 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COT Agent signature requirements THLE NAME STREET ADDRESS CHY-S1-ZIP THLE NAME	uired when recestating)	CERS AND	DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	a goest and like life, it cable AND DIRECTORS DELF DELF	(NOTE 160 district 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	COLORES STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	uired when recestating)	CERS AND	DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	DELE	(NOTE 160 gister 13 11 12 13 14 14 12 22 23 24 31 32 34 16 41 42 43 44 16 51 52 53 54	THE NAME STREET ADDRESS CITY-S1-ZIP	uired when recestating)	CERS AND	DIRECTOI Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	a goest and like life, it cable AND DIRECTORS DELF DELF	(NOTE 160 district 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE NAME STREET ADDRESS CITY-S1-ZIP THE	uired when recestating)	CERS AND	DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, type or printed name of rigistative OFFICERS D RAMIREZ, IVONE 4060 SW 40TH AVE	DELE	(NOTE 100 pissed 13 11 12 13 14 12 22 23 24 18 31 32 34 41 42 43 44 11 11 11 11 11 11 11 11 11 11 11 11	THE NAME STREET ADDRESS CITY-S1-ZIP	uired when recestating)	CERS AND	DIRECTOI Change Change Change Change	RS IN 12 Addition Addition Addition Addition Addition

4. I do hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an application with an address.

CIGNATURE X MUDICE KMUTS

4/4/97