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

PROFIT TURPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V56013

(8)

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Principal Place 1319 N. STATE HOLLYWOOD US	E RD #7	Mailing Address 101 NW 12TH AVENUE 11AM FL 53721 1000	6015 GAR 46 LLYWOI FL 33	Date incorporated or Qualified	3a. Date of Last Report	
			45	Adlailings	09/24/1996	
_ 2. Principal FI 21	lace of Business	2a. Mailing Address		4. FEI Number 65-0353724	Applied For Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	e	City & State	······	6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability to	Added to Fees r intangible tax under s. 199.032.	
24	25	29	30	Florida Statutes	Yes No	
	9. Name and Address of Curre	ACAMAN AGENT	81 Name	10. Name and Address of New R	egistered Agent	
	GOOLUNG AVE; #1108	MENT CREATER		10000	(-1)	
	NORTH TOWER	015 GARFIELD	.57. 62 Street	Address (P.O. Box Number is Not Accepte	able)	
-MA	MI BEACH FL, 83140 //2	LLYWOD E	83	-		
ANTAY	MID MIDEUND	330	0 84 City		85 Zip Code	
7111/01/	VI VICTICINO	20 1 007 4500 5114- 01-1				
office or n agent 1 a SIGNATURE	egistered agent, or both, in the Stat milapairan with, and accept the obli- dignature, typed or printed name of registered a	~ i	authorized by the corporida Statutes. E: Registered Agent signature	corporation submits this statement for the poration's board of directors. I hereby according to the required when reinstating)	apt the appointment as registered	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TILLE	PD ANTONIO	☐ DELETE	1.1 TITLE		Change Addition	
NAME STREET ADDRESS	VILARINO, ANTONIO	bolg GARFIELL GOLYWODE 33	1.3 STREET ADDRESS			
City-St Zip	TRACTION IL GOOF!		A CITY-ST-ZIP			
TITLE	VD	DELETE	2.1 INILE		Change Addition	
NAME	VILARINO, HUMBERTO	/	22 NAME		•	
STREET ADDRESS	B450 COLLING AVE. 41106 MIAMI BEACH FL 63140		2.3 STREET ADDRESS		}	
111LE	S	OELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition	
NAME	-VILARINO, CARMEN		3.2 NAME			
STREET ADDRESS	1310 N STATE RD., #7		3.3 STREET ADDRESS			
City - S1 - ZiP	HOLLYWOOD FL 33021'		3.4. CITY+ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
Tille		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME	9		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition	
NAME .		L.J DILLIL	5.1 TITLE		Grante L Addition	
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	•	(surd side	
CITY - ST - ZIP			5.4 CITY-ST-ZIP		~\\\\\	
TITLE	(☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	01:00	Į	
CITY - ST - 2IP			6 4 CITY-ST-ZIP	LOC Vep" 1650	······································	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee impowered to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.						
SIGNATURE: 3/27/97 954-981-6777 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED						