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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

(3)

DOCUMENT # V64464

## **FILED** Jan 27 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  800 N.W. 36 STREET MIAMI FL 33178 MIAMI FL 33178-2404												
								Ì	3. Date Incorporated or Qualified 09/15/1992		ate of Last R /30/1996	eport
	Place of Busi			. Mailing Addre					4. FEI Number		AE	plied For
<u></u>		ne Boulevard	26		Bisca	yne l	Boulev	vard	22-1812319			t Applicable
ຸ Suite, Ar	it #, etc		ļ <sub>1</sub>	Suite, Apt. #, €	etc.			l	5. Certificate of Status Desired		\$8.75 / Fee Re	
(2) City & St	2*0	~	27	City & State					A Classica Constitution			<del></del>
	i. Flor	lda	28		121 a.m	4.4		İ	6. Election Campaign Financing Trust Fund Contribution		<b>\$5.00</b> Added 1	
Zip	T*****LTOL	Country		Miami.	LIOL	Count	ry		8. This corporation has liability for			
33	137	25 USA	29	33137	30	T:	SA	i			X.No	
	g, Name	and Address of Cur	rent Regi	stered Agent					10. Name and Address of New R	egistered	Agent	
		armando a				8		,	Palana 411a . Ammanda			
88	1786 WW 001	i street				8	2 Street	Addres	<b>Cabernilla, i Armando</b> s (P.O. Box Number is Not Accepta	ble)		
M	IAMI FL 331	78					-		400 Biscayne Boulev			
						8	3					
						8	4 Crty		<u> </u>		ae   7in	Code
						٩	4 City	M.	iami	FL	1	137
11. Pursuar	it to the provi-	ions of Sections 607.0	)502 and 6	607.1508, Florida	a Statutes,	the abo	ve-named	ACCOUNT.	ation authorite this atotomant for the	purpose c	d changing if	e registered
		ith, and accept the ob	ligatoris d	of, Section 607.0	)505, Florid	la Statut	oy the corp es.	poration	h's board of directors. I hereby acco	obi tilo dbi	pomimon, do	•
SIGNATURI	Signar (gé)	th, and accept the ob-	agent and title	erfappicable CTORS	(NOTE: R	eg-stered A	gen: signature		when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	D DIRECTOR	RS IN 12
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Information and cated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dora B. Rubin

305-575-6000

0241878