SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V69361

(6)

IRIS SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Jul 23 1997 8:00am Secretary of State



9159 8W 77TH AVE #201 Miami Fl 33156			9159 SW 77TH AVE #201 MIAMI FL 33156							
							DO NOT WRITE 3. Date Incorporated or Qualified		SPACE te of Last R	opost
							10/02/1992	1	25/1996	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			plied For
21 Sulta Act # 010			Suite, Apt. #, etc.				65-0420711			t Applicable
Sulte, Apt. #, etc.			27				5. Certificate of Status Desired Fee Required			
City & State			City & State				6. Election Campaign Financing	<u> </u>	\$5.00	
Zip	Counti		Zip Country			Trust Fund Contribution	old the our	Added t	-	
24	25	· -	<u></u>	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Addre			19-1			10. Name and Address of New Ro		Agent	
RO	CHA, AURELIO H.L.				B1	Name				
9159 \$₩ 77TH AVE #201			82 Street Add			Street Ad	ddress (P.O. Box Number is Not Accepta	ble)		
MIAMI FL 33156										
				1	В3					
				Ī	B4	City		FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered										
agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature)							equired when reins(aling)	DATE		
12.		FFICERS AND DI		13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	D		☐ DELET e	5.1 TITE	LE					☐ Addition
NAME	ROCHA, AURELIC			1.2 NA	ME					
STREET ADDRESS	9159 SW 77TH A	VE #201		1.3 STR	IEET	address				
CITY-ST-ZIP	MIAMI FL	····	DELETE	14 017		T-ZIP			Change	Addition
TITLE			☐ DELETE	2.1 1118		1			C Cirelings	L.J AUGILION
NAME	Į			2.2 NAI		ABDOLOG				
STREET ADORESS						ADDRESS				
CITY-ST-ZIP TITLE			☐ DELETE	2. 4 CIT		11-211		· · ·	Change	Addition
NAME				3.2 NAI		1			_ •	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP				3.4. CII						
TITLE			☐ DELETE	4.1 TIT					Change	Addition
NAME	İ			4. 2 NA	ME	1				
STREET ADDRESS				4.3 STF	REET	ADDRESS				
CITY-ST-ZIP				4.4 CIT	Y-\$	T- ZIP				
TITLE			☐ DELETE	5.1 1(1)	LE				Change	Addition
NAME				5.2 NA						
STREET ADDRESS				1		ADDRESS				
CITY-ST-ZIP	-		DELETE	5.4 CIT		T-ZIP			Change	Addition
TATLE			() DELETE	6.1 TIT					- CHAINGE	
NAME PARET APPROCES			A t	6.2 NAI		ADDRESS				1
STREET ADDRESS		\wedge				ADDRESS				
CITY-ST-ZIP	by certify that the inform	nation supplied w	h this filing does not qua	6.4 CIT	1-5 exe	mption sta	ated in Section 119.07(3)(i), Florida Statut	es. I furthe	r certify that	the
Informatio	on Indicated on this ann	ual report or supp	emental annual report is	true and a	CCU	rate and t	ated in Section 119.07(3)(i), Florida Statut that my signature shall have the same leg port as required by Chapter 607, Florida	al effect as	if made un	ider oath; that
appears i	in Block 12 or Block 13	illchanged, or on	an atachment with an ac	ddress.	الصد	nto niip ib	port as required by Chapter our, Florida	Sidiulos, d	Commentation (namo

18 1992 (200) que 322