## 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 #** 

(5)

## **FILED** Sep 18 1997 8:00am Secretary of State

G.J.F., I		, ,				
Dringing! Diogr	n of Dunianna	Mailing Address				
Principal Place of Business Mailing Address  409 ESPANOLA WAY  409 ESPANOLA WAY				{		
409 ESPANOLA WAY   409 ESPANOLA WAY   MIAMI BEACH FL 33139   MIAMI BEACH FL 33139				1		
					E IN THIS SPACE	
				3. Date Incorporated or Qualified	1 ' 1	
				10/16/1992	05/01/1996	
		2a. Mailing Address		4. FEI Number	Applied For	
21 2 Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0354394	Not Applicable	
22	w, etc.	27		<ol><li>Certificate of Status Desired</li></ol>	S8.75 Additional Fee Required	
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has p	aid the current year Intangible	
24	25		30	Personal Property Tax due Jun		
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent	
NUNEZ, LIZETTE 81 Name UNE				UNEZ, LIZETTE		
11 ISLAND AVE			82 Street			
STE 1707 MIAMI REHAC EL 33139 83				523 SW 21 AVE		
MIA	MI BEHAC FL 33139		63			
			84 City	aami	FL 85 Zip Code 33/45	
44 Durayant	to the provinces of Sections 607.050	2 and 607 1508 Elorida Statute		corporation submits this statement for the		
office of ti	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such chanco was a	uithorized by the cor	poration's board of directors. I hereby acce	por boso of changing its registered	
SIGNATURE	Signature, typed or printed name of registered age:	AIOTE	Registered Agent signature	a required when rejectating)	DATE	
12.	OFFICERS AND		13,	ADDITIONS/CHANGES TO OFFI		
TITLE	VP	DELETE	1.1 TITLE		Change Addition	
NAME	FRANKFURT, BARBARA		1.2 NAME			
STREET ADDRESS	2501 LUCRENE AVENUE, SUI	NSET ISLAND NO. 2	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY - ST - ZIP			
TITLE	PD	☐ DELETE	2.1 TITLE	PU	Change  Addition	
NAME	NUNEZ, LIZETTE		2 2 NAME	NUNEZ LIZETTE 2327 SWZIAVE MIAMI FL 33145		
STREET ADDRESS	11 ISLAND AVE STE 1707		2.3 STREET ADDRESS	2323 SW21AVE		
	MIAMI BEHAC FL	briere	2. 4 CITY-ST-ZIP	MIAMI FL 37140		
TITLE		☐ DELETE	3.1 THTLE		Change Acdition	
NAME			3.2 NAME	İ		
STREET ADDRESS			3.3 STREET ADDRESS	ŧ	Į	
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME		U DELCH	4.1 IIILE 4.2 NAME		C CHANGE C ACCITON	
STREET ADDRESS			4.3 STREET ADDRESS	<u> </u>		
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELFTE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		–	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			62 NAME	[	ļ	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I do hereb	by certify that the information supplied in indicated on this annual report or se	with this filing does not qualify	y for the exemption s	stated in Section 119.07(3)(i), Florida Statut i that my signature shall have the same leg	es. I further certify that the	
lam an of	flicer or director of the corporation or	the receiver or trustee empower	ered 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.						