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

CLEWISTON FL 33440

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	ENT # 59802	9 (7	1 100.001 01/10 04/01 10/01 01/01 04/01 12/0			
Principal Place of Business 5718 WESTHEIMER		Mailing Addres				
STE 1806 HOUSTON TX 770		STE 1806 HOUSTON TX 7		3. Date Incorporated or Qualified 3a. Date of Last Report 03/27/1996		
2. Principal Piace of Business		2a. Mailing Address 26		4. FEI Number 59-1983399	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #	, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z)p	Country 25	7ip 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes X No	
WHITE	9, Name and Address of Curr , C. HAROLD . VENUTRA AVENUE	ent Registered Agent	81 Name	10. Name and Address of New Re		

City 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. Lam familiar with, and accept the obligations of. Section 607 0505, Florida Statutes.

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Street Address (P.O. Box Number is Not Acceptable)

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SIGNATURE	Signature, type a or prieted name of registers Lapont and title if	ippricable INOTE	E: Registered Agent signature requi	ired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THILE	VSD	DELETE	1.1 TITLE	☐ Change	Addition	
NAME	iglesias, roberto j		1.2 NAME			
STREET ADDRESS	5718 WESTHIEMR SUITE 1806		1.3 STREET ADDRESS			
CIFY - ST-ZIP	HOUSTON TX		14 CITY - ST - ZIP			
TITLE	PTD	DELETE	2.1 TITLE	Change	Addition	
NAME	iglesias, jose j		22 NAME		ļ	
STREET ADDRESS	5718 WESTHEIMER SUITE 1806		2.3 STREET ADDRESS			
C-TY-ST-ZIP_	HOUSTON TX		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE	Change	Addition	
NAME !			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CiTY S1-7/P			3 4 CITY-ST-ZIP			
TILE		DELETE	4.1 TITLE	Change	Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CCTY-ST-ZP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	Change	Addition	
NAME			5.2 NAME		ļ	
STHEFT ADDRESS			5.3 STREET ADDRESS			
CH r · S1 · ZiP			5.4 CITY - ST - ZIP			
TOLE		☐ DELETE	6.1 TITLE	Change	Addition	
NAME			6.2 NAME		ļ	
STEEFT ADDRESS			6.3 STREET ADDRESS			
CHTY-ST-7IP			64 CITY-ST-ZIP			

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated or this annual report or supplemental annual apport 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 conformation of 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 character or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 28 1997 8:00am

Secretary of State