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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortha

Secretary of State DIVISION OF CORPORA

FSTATE IM	Feb 05 1998 8:00am
TIONS	Secretary of State

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DOCU!	MENT	* 54850	9	(9)									
		T INCORPORATE		` '									
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Principal Plac	e of Busines	iss .	М	ailing Address				-			(818) 188		
18181 NE 31	ST COURT		1	8181 NE 31ST COURT									
SUITE 1106			5	SUITE 1106				DO NOT UDITE IN THIS	, STAGE				
NORTH MIAM	II BEACH FL	33160	ľ	NORTH MIAMI BEACH I	L 33160			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified					
İ								10/05/1977			}		
2. Principal P	face of Busin	ness	2a.	Mailing Address		_		4. FEI Number	— T	Ap	plied For		
21			26	<u></u>				59-1806119			t Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.	75 A	dditional		
22			27	27				S. Certificate of Status Desired	Fe	e Re	quired		
City & State	e		\vdash	City & State				6. Election Campaign Financing			May Be		
23		C-vinto.	28	28				Trust Fund Contribution			o Fees		
Zip		Country		Zip	Countr	У		8. This corporation owes or has paid the c	urrent yea X Yes	_	angible No		
24	9. Name	and Address of Curre	29 29	tered Agent	30			Personal Property Tax due June 30. 10. Name and Address of New Registered			1 1/10		
ום	OCK, LARA				81		Name		· · · gom				
		ST COURT			-	╀-	Ohra et A defe	(D.O. G. Marshall M. A.					
l	ITE 1106	101 000111			82	1	Street Addre	ss (P.O. Box Number is Not Acceptable)			·		
		ACH FL 33160			83	1							
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						Ì	City	Fi	- 1	Zip C			
11. Pursuant	to the provis	ions of Sections 607.05	02 and 6	07.1508, Florida Statu	tes, the abov	e-	named corpo	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of chang.	ing its	registered		
agent. I a	m lamiliar w	ith, and accept the obli	gations of	, Section 607.0505, F	lorida Statute	yı S	ule corporatio	on's board of directors. I frereby accept the ap	pontine	11, 45 1	egistered		
SIGNATURE													
12.	Signature, typed	or printed name of registered a OFFICERS A			TE: Registered Ag	ent	t signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIBEC	TOR	S IN 12		
TITLE	PTS	OT TOURS A	10 Dirice	DELETE	1.1 TITLE			TIBBITION OF THE CONTROL OF THE CONT	☐ Cha		Addition		
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CITY-ST-ZiP						ST-	- ZIP						
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CITY - ST - ZIP					6.4 CITY - S								
14. I hereby c	ertily that the	e Information supplied	with this fi	ling does not qualify f	or the exemp	tio	on stated in Se	ection 119.07(3)(i), Florida Statutes. I further o	ertify that	the i	nformation		

Prefety certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated 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 changed, or on an attachment with an address.

GNATURE:

PECLIFICATIBLOCK

100.98

305.935.75

SIGNATURE:

305 935 7544