PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

POCUMENT # 563932 (3)					
E.C. CI	rating and warehouse	CORPORATION) (A DIAL DING ANG CHIA MINA HAN ANA ANA	iali dibil diali biali dibil iddi
Principal Plac	e of Business	Mailing Address			i ibis militi debit atoli milite salti
4747 N.W. 72ND AVE.		9545 SW 36TH ST.			
MIAMI FL 33166-5616		MIAMI FL 33165-4045		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
		- 1		04/10/1978	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# Alc	Suite Apt. #, etc.		59-1891505	Not Applicable
22	т, ос.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the o	
24	25 9. Name and Address of Currer		30	Personal Property Tax due Jurie 30. 10. Name and Address of New Registere	Yes 🛛 No
441		it Hegistered Agent	81 Name	10. Name and Address of New Registers	u Agent
ANTON, URBANO E ACCOUNTING & AUDITORS					
9545 S.W. 36TH STREET			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33165-4045			83		
****			B4 City		85 Zip Code
			B4 City	F	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	12 and 607 1508, Florida Statute	es, the above-named corporate	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
agent. I a	m tamiliar with, and accept the obligi	ations of, Section 607,0505, Fig	orida Statutes	mons dual of difficions. Thereby accept the a	ppolitiment as registered
SIGNATURE					
12.	Signature, typed or printed minical drug stered age OFFICERS AN	O DIRECTORS (NOTE	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DS	DELETE	1.1 THILE		Change Addition
NAME	CAMPS, EFRAIN		1.2 NAME		
STREET ADDRESS	191 S.W. 103RD AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		·
TITLE	STD	☐ DELETE	2 1 TITLE		Change Addition
NAME .	CAMPS, NEYMA 191 S.W. 103RD AVE		2 2 NAME		
STREET ADORESS	MIAMI FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MICHAILLE	DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS	<u>.</u>		3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME		TT DETECT	5 1 TITLE 5.2 NAME		C) change Modition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
ind icated	on this annual report or supplements	al annual report is true and acci	urate and that my signatu	Section 119.07(3)(i), Florida Statutes. I further re shall have the same legal effect as if made	under oath; that I am an
officer or o	director of the corporation or the rect or Block 13 if changed, or on an attai	civer or trustee emp owered t o e	execute this report as requ	uired by Chapter 607, Florida Statutes; and tha	at my name appears in

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(30r) 193-0289

FILED

May 14 1998 8:00am

Secretary of State