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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99761

(1)

TASK INVESTMENTS CORPORATION

, ,

Principal Place of Business

Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



r incipar riace	Of Busiliess	Maining Address					
	Alberni, P.A. De Leon Blyd., Suite 404 Es Fl 33146	4649 PONCE DE LEON	% Alberni & Alberni. P.A. 4649 Ponce de Leon Blyd Suite 404 Coral Gables fl 33146		DO NOT WRITE IN THIS	S SPACE	
	_				3. Date Incorporated or Qualified 09/17/1982		
2. Principal Pla	2a. Mailing Address	g Address		4. FEI Number		Applied For	
21		26	·		59-2220448 Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.0	May Be
23		28	28		Trust Fund Contribution Added to Fees		
Zip	Country	Zιρ	Country		8. This corporation owes or has paid the co	urrent year I	intangible
24	25 29 30		30	Personal Property Tax due June 3D. 🔲 Yes 🚜 No			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered	J Agent	
	BERNI, PEDRO L., CPA		B1	Name			
464	9 PONCE DE LEON BLVD. #4	104	82 Street Add		dress (P.O. Box Number is Not Acceptable)		
CO	RAL GABLES FL 33146		_				
			83	P			
			84	City		85 Zip	p Code
			Į.	1	Fi	L '	
11. Pursuant to	the provisions of Sections 607.05	502 and 607.1508, Florida Statut	tes the abov	e-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing	its registered
oπice or re agent. I an	igusered agent, or both, in the Sia I amiliar with and accept the obli	te of Florida. Such change was igations of Section 607.0505, FI	autnorized b lorida Statute	iy the corpora es. •••	ation's board of directors. I hereby accept the ap	pointment a	as registered
SIGNATURE (Cours (PROS	ident) Tuli	6 M.	MARIT	⁴⁸ 3/, 7/ 48		
SIGNATION	St hature speed or printed name of tage tered a	(NO) oklasticit applicable (NO)	F: Registered Ag	ent signaturé requ	ured when reinstaling) DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	☐ DELETE	1.1 TOTLE			Change	e 🔲 Addition
NAME	CARRILLO, JULIO M		1.2 NAME	j			
STREET ADDRESS	550 OCEAN DR., 9H			1 ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL 33149			ST - ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	1 ADDRESS			
CITY-ST-ZIP			2 4 CITY	ST-ZIP	the state of the s		
TITLE	☐ DELETE 3		3.1 TITLE	1		Change	Addition
NAME			3.2 NAME	-			
STREET ADDRESS			3.3 STREE	1 ADDRESS			
CITY-ST-ZIP			3.4. CITY -	ST-ZIP			
TITLE	DELETE 4		4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	DELETE		5.1 TITLE		···· — ····	Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	1 ADDRESS			
CITY-ST-ZIP			5.4 CITY -	ST- ZIP			
TITLE	DELETE 6.1		6.1 TITLE			Change	Addition
NAME			6.2 NAME	J			
STREET ADDRESS			63 STREE	t address			
CITY-ST-ZIP			64 CITY-	ST-ZIP			
14. I hereby co	ertify that the information supplied	with this filing does not qualify f	or the exemp	otion stated in	n Section 119.07(3)(i), Florida Statutes. I further o	ertify that th	ne information
officer or d	in this annual report or supplement irector of the compretion or the re r Block 13 if charged, or on an all	ceiver or trustee empowered to	execute this	report as rec	ture shall have the same legal effect as if made u quired by Chapter 607, Florida Statutes; and that	muer oath; t : my name a	nat I am an ippears in

JULIB M CARRILLO