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 # 1. Corporation Name

(0)

| Principal Place 3670 NW 78 MIAMI FL 331 | sr | Mailing Address 3670 NW 79 ST MIAMI FL 33147 | | | E IN THIS SPACE |
|---|--|--|---|--|----------------------------------|
| 1 | | | | 3. Date Incorporated or Qualified | |
| | | | | 06/20/1983 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-2322813 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | | Fee Hequired |
| City & Stat | e | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| Zip | Country | 7(p) | Country | Trust Fund Contribution | |
| 24 | 25 | | 30 | This corporation owes or has pa Personal Property Tax due June | — / — |
| 24 | 9. Name and Address of Curren | | 30] | 10. Name and Address of New Re | |
| TO | RRES, OSCAR | | 81 Name | | |
| | 090 BISCAYNE ISLAND TERRACI | c | 00 01 | disca (D.O. Day Marshards In Mat Assessed | b. La X |
| | AMI FL 33147 | - | 82 Street Add | Iress (P.O. Box Number is Not Acceptat | DIEJ |
| | | | 83 | | |
| | | | 04 00 | | last 3: Oath |
| | | | 84 City | | FL 85 Zip Code |
| SIGNATURE | ogisterod agont, or both, in the State in familiar with, and accept the obligation typed or preceduance by egistered agent | | ulhorized by the corpora rida Statutes. Registered Agont signature requ | poration submits this statement for the particular to the particul | pt the appointment as registered |
| 12. | OF FICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICE | , |
| TITLE | D | L_J DELETE | 1.1 THLE | | Change Addition |
| NAME | TORRES, OSCAR LUIS JR. | | 1.2 NAME | | |
| STREET ADDRESS | 13090 BISCAYNE ISLITERR. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL PD | DELFTE | 1.4 CITY - ST - ZIP | | Change Addition |
| TITLE | TORRES, OSCAR | ר אנונונ | 2.1 TITLE | | El change El Addition |
| NAME OXINEET ADDRESSES | 13090 BISCAYNE IS TERR | | 2.2 NAME | | |
| STREET ADDRESS | N MIAMI FL | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | S | DELETE | 2 4 CHY-ST-7IP 3 1 Till F | | Change Addition |
| NAME | CABRERA, REBECA | | 3.2 NAME | | v.a.igv radiiiyii |
| STREET ADDRESS | 13050 BISCAYNE ISL TERR | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH FL | | 3.4 CITY-ST-ZIP | | |
| TillE | | DELETE | 4.1 TITLE | | Change Addition |
| NAME | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CHY-ST-ZIP | | |
| TITLE | | DELFTE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 C(1Y-S1-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY+S1-ZIP | | |

14. I hereby certify 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 information indicated on this annual report or suppliemental 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.

FILED

Jan 20 1998 8:00am

Secretary of State