## 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 # G45973** 

(6)

FILED Feb 24 1998 8:00am Secretary of State

| Principal Plac                | O CORPORATION   | Mailing Address 2200 SW 16TH ST ST | F 214  |   | 111 111 111 111 111 111 111 111 111 11 |
|-------------------------------|---|------------------------------------|--|---|--|
| MIAMI FL 33145 MIAMI FL 33145 |   |                                    | F 817  |   |  |
|                               |   |                                    |  | DO NOT WRITE IN TH  | IIS SPACE                              |
|                               |   |                                    |  | 3. Date Incorporated or Qualified 06/27/1983  |  |
|                               | Place of Business   | 2a. Mailing Address                |  | 4. FEI Number   | Applied For                            |
| 21                            | # <b>-</b>  | 26                                 |  | 59-2301727  | Not Applicable                         |
| Suite, Apt.                   | #, BIC:   | Suite, Apt. #, etc.                |  | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required      |
| City & State                  | е   | City & State                       |  | 6. Election Campaign Financing  | \$5.00 May Be                          |
| 23                            |   | 28                                 |  | Trust Fund Contribution   | Added to Fees                          |
| — Zip<br>-□                   | Country   | Zιρ                                | Country  | 8. This corporation owes or has paid the  |  |
| 24                            | 25 A Name and Address of Cur  | 29                                 | 30   | Personal Property Tax due June 30.  10. Name and Address of New Register                        | Yes No                                 |
| n-                            | <ol><li>Name and Address of Cur<br/>REZ, FELIX J.</li></ol>   | rent negistered Agent              | 81 Name  | 10. Hame and Address of New Register  | eo wgent                               |
|                               | 00 S.W. 16 STREET #214<br>AMI FL 33145  |                                    | 82 Street Add<br>83 City   | fress (P.O. Box Number is Not Acceptable)   | 85 Zip Code                            |
| agent. Fai<br>SIGNATURE       | to the provisions of sections our c<br>egistered agent, or both, in the St<br>m familiar with, and accept the ob<br>Signature typed or printed name or inspotense | ligations of, Section 607 0505,    | Idles, the above-named cors<br>a authorized by the corpora<br>Florida Statutes.  OTT Registried Agent signature requ | poration submits this statement for the purposition's board of directors. I hereby accept the a |  |
| 12.                           |   | AND DIRECTORS                      | 13.  | ADDITIONS/CHANGES TO OFFICERS A   | ND DIRECTORS IN 12                     |
| TITLE                         | PSTD  | LJ DELETE                          | 1.1 TITLE  |   | Change Addition                        |
| NAME                          | PEREZ, FELIX J.   |                                    | 1.2 NAME   |   |  |
| STREET ADDRESS                | 2200 S.W. 16 STREET #21   | 4                                  | 1.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP                   | MIAMI FL 33145  |                                    | 1,4 CITY - ST - ZIP  |   |  |
| TITLE                         |   | ☐ DELETE                           | 2.1 HTLE   |   | Change Addition                        |
| NAME                          |   |                                    | 2.2 NAME   |   |  |
| STREET ADDRESS                |   |                                    | 2.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP<br>TITLE          |   | DELETE                             | 2 4 CITY-ST-ZIP<br>3.1 TITLE   |   | Change Addition                        |
| NAME                          |   |                                    | 3.2 NAME   |   |  |
| STREET ADDRESS                |   |                                    | 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                   |   |                                    | 4.4 CITY - ST - ZIP  |   |  |
| TITLE                         | <del></del>   | ☐ DELETE                           | 51 TITLE   |   | Change Addition                        |
| NAME                          |   |                                    | 5.2 NAME   |   |  |
| STREET ADDRESS                |   |                                    | 5.3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP                   |   |                                    | 5.4 CITY - ST - ZIP  |   |  |
| TITLE                         |   | DELETE                             | 6.1 TITLE  |   | Change Addition                        |
| NAME                          |   |                                    | 6.2 NAME   |   |  |
| STREET ADDRESS                |   |                                    | 6.3 STREET ADDRESS   |   |  |
| CHTY-ST-ZIP                   |   |                                    | 6.4 CITY - ST - 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 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 inchanged, or on an attachment with an address.

SIGNATURE: A

GELV. T PERIST

2/18/AV 205.858-