SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G69538

(8)

Malling Address

Sep 03 1998 8:00am Secretary of State



10 NW LEJUENE RD MIAMI FL 33126		10 NW LEJUENE RD MIAMI FL 33126			
MINIMI I C VOICE	•	THINIT VE STILL		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 10/12/1983	
2. Principal P	lace of Business	2a. Mailing Address	1 1 man Rl	4, FEI Number	Applied For
21 28 <i>00 1</i>	Ponce de Leon Blvd.	26 2800 Punce de	e Keon Div	CV. 59-2456692	Not Applicable
Suite, Apt. 22 /5	th Floor	Suite, Apt. #, etc. 27 15 th Floor	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Corol	"Gables, FL	28 Coral Gable		B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 331.	34 Country USA	Zip 33134 3	Country 0 USA	 This corporation owes or has paid the cu Personal Property Tax due June 30. 	rrent year Intangible Yes
	9. Name and Address of Current			10. Name and Address of New Registered	Agent
	AI WALD BIONDO MORENO & MI	ENDOZA, PA	81 Name	•	
	E 2 AVE STE 900		82 Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33131			83		
			83		
			84 City	Fl	85 Zip Code
11. Pursuant	to the provisions of sections 607,0502	and 607.1508, Florida Statutes,	the above-named co	rporation submits this statement for the purpose of c	hanging its registered
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligat	f Florida. Such change was aut ions of, section 607.0505, Florid	horized by the corpo da Statutes.	ration's board of directors. I hereby accept the appo	il ntm ent as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered Agent signature	e required when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	DELETE	1.1 TITLE		Change Addition
NAME	ISAIAS, ROBERTO		1.2 NAME	2800 Ponce de Leon E	Rhad
STREET ADDRESS	-10-NW-LEJEUNE-RD		1.3 STREET ADDRESS	Charles of Lean C	100
CITY-ST-ZIP	-MAMI-FL		1.4 CITY-ST-ZIP	Cural Gables, FL 33	107
TITLE	TV	DELE1E	2.1 TITLE		Change Addition
NAME	ISAIAS, WILLIAM 1 0 NW LEJEUNE RD		2.2 NAME	2800 Ponce de Leon 1	BIVA.
STREET ADDRESS	MIAMI FL			Coral Gables, FL 3313	34
CITY-ST-ZIP TITLE	VS	[]	2.4 CITY-ST-ZIP 3.1 TITLE	COID GABLES, FL 3313	Change Addition
·	ISAIAS, ESTEFANO] DELETE			
NAME STREET ADDRESS	10-NW LEJEUNE RD		3 3 STREET ANNUESS	2800 Ponce de Leon B	IVO.
CITY-ST-ZIP	MIAMI-FL		3.4 CITY-ST-ZIP	Coral Gables, FL 33	134
TITLE		DELETE	4.1 TITLE		Change Addition
NAME .		fermand to provide 1 as	4.2 NAME		<u> </u>
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 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		
CITY-ST-ZIP	distribution of the information	his filing food and a latter for the	8.4 CITY-ST-ZIP	section 119.07(3)(i), Florida Statutes. I further certify	that the information
indicated of an officer of in Block 12	on this annual report or supplemental a for director of the corporation or the rec or Block 13 If changed, or op an attac	nnual report is true and accurate the or trustee empowered to entry with an address.	e and that my signal execute this report as	ture shall have the same legal effect as if made und required by Chapter 607, Florida Statutes; and tha	er oath; that I am It my name appears