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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1998 8:00am

Secretary of State

Applied For

\$8.75 Additional

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1988

65-0052411

4. FEI Number

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K25267

(1)

Mailing Address

P.O. BOX 650925 P.O. BOX 650925

MIAMI FL 33265

2a. Mailing Address

Suite, Apt. #, etc.

26

L.L. RUBIN & COMPANY

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

10812 SW 142 CT MIAMI FL 33186

2		27			5. Certificate of Status Desired	
City & Stat	9	City & State	···		6. Election Campaign Financing \$5.00 May Be	
3		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible	
4	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
LO	PEZ, LUIS A.		81	Name		
2121 PONCE DE LEON BLVD #523 CORAL GABLES FL 33134			82	Street A	Address (P.O. Box Number is Not Acceptable)	
			63			
			04	84 City 85 Zip Code		
			64	City	FL S Z P COCK	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obliga	of Florida. Such change was a	authorized by	the corpo	corporation submits this statement for the purpose of changing its registered poralion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signifure, typed or printed name of registered agen	Land lide if anni-cable (NO)	F: Registered Age	nt signature r	required when reinstating) DATE	
12.	OFFICERS AND		13.	A CIGILLOID	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE		☐ Change ☐ Additi	
NAME	LOPEZ, LUIS A.		1.2 NAME			
STREET ADDRESS	5910 S.W. 137TH AVE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY- 5	1-2IP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Additi	
NAME	LOPEZ, NANCY C.		2.2 NAME			
STREET ADDRESS	5910 S.W. 137TH AVE		2.3 STREET	ADDRESS		
CRTY-ST-ZIP	MIAMI FL		2.4 CITY-	ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Additi	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Additi	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE	1	Change Additi	
NAME			5.2 NAME	1		
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	1-ZIP		
TITLE		☐ DELETÉ	6.1 TITLE	İ	Change Additi	
NAME			6.2 NAME	}		
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - S		Control of the contro	
indicated officer or	on this angulal report of supplemental	annual report is true and acc iver or trustee empo yered t o	curate and th	at mw sion	d in Section 119.07(3)(i), Florida Statutes. I further certify that the informationature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in	

Their a loter LUIS H. LODE 1/28/98