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

	MENT # K31187 NG BLOCKS DEVELOPMEN	(-/			
Principal Plac	e of Business	Mailing Address			E ERDEANN ARD ENDE ENDER EIRREN HOURY HOUR OLD IN DEREN DEDEN DEREN DER FOR HOUR HOUR
1015 SW 43R	N AVE	1015 SW 43RD AVE			
MIAMI FL 33134		MIAMI FL 33134			
US		US			DO NOT WRITE IN THIS SPACE
i					3. Date Incorporated or Qualified 08/17/1988
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 65-0086141 Applied For
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Regulred
City & State		City & State			
23					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Country	······································	This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
27	9. Name and Address of Curren		1901		10. Name and Address of New Registered Agent
CU	RBELO, ROBERT JR		81	Name	
	15 SOUTHWEST 43RD AVENUE		82	Charact Act	Idea (D.O. Day N. andrew (c.N.)
	AMI FL 33134		02	Street Ad	ddress (P.O. Box Number is Not Acceptable)
••••			83		
			-	011	
			84	City	FL 85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.050/ egistered agent, or both, in the State in familiar with, and accept the obliga	? and 607.1508, Florida Statut of Florida. Such change was tions of, Section 607.0505, Fl	les, the above authorized by orida Statute	e-named co the corpor s.	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registrired ager			ent signature rec	quired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	·		1,1 TITLE		☐ Change ☐ Addition
NAME	CURBELO, ROBERT JR 1015 SOUTHWEST 43RD AVE		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	DCLCTC	1.4 CITY - ST - ZIP		[O
TITLE			2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	1		2.3 STREET		
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CITY-5 3.1 TITLE	51 - ZIP	Change Addition
NAME			3.1 THE		Citating C Addition
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY+ST-ZIP				í	
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		and a second and a second
STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP			4.4 CITY - S		
TITLE		DELETE	5.1 TITLE	·	☐ Change ☐ Addition
NAME		<u>—</u>	5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY-S		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME]	. –
STREET ADDRESS			6.3 STREET	ADDRESS	

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 peoples 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 rustee 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.

SIGNATURE:

sleet mules

ROBERT CUZBELD 2/14/98 (305)445-500

FILED

Feb 20 1998 8:00am

Secretary of State