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

FILED Apr 14 1998 8:00am Secretary of State

i. Corporation	MENT # ODY CONG				(4)							
Principal Place	e of Business			Mailing	Address							
8500 NW 968				_								
8500 NW 96ST. 8500 NW 96TH S' MEDLEY FL 33166 MEDLEY FL 33166												
US				U\$						DO NOT WRITE IN THIS SPACE		
										3. Date Incorporated or Qualified		
6 Delegate at D	Nana al filippia			On Maril		 _				12/07/1988		
	Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For		
Sulte, Apt.	——— 2	Suite, Apt. #, etc.						65-0087219 Not Applicab				
22	2	27						5. Certificate of Status Desired Fee Required				
City & State				City & State						6. Election Campaign Financing \$5.00 May Be		
23				28						Trust Fund Contribution Added to Fees		
Zip	Country			Zip Cou			ountry			8. This corporation owes or has paid the current year Intangible		
24	25			29 30						Personal Property Tax due June 30. 🔀 Yes 🗌 No		
	·	nd Address o	f Current Re	gistered	Agent		ļ.,			10. Name and Address of New Registered Agent		
	MENEZ, CESM						81	Name	•			
	00 N.W. 98 S						82	Stree	Addre	ess (P.O. Box Number is Not Acceptable)		
MEDLEY FL 33166				•			83					
							63					
							84	City		FL 85 Zip Code		
11. Pursuant	to the provision	ns of Sections	607 0502 and	d 607 150	08 Florida Stati	tes the a	hove	-name	d corpo			
office or re agent. I a	egistered agei im familiar with	nt, or both, in , and accept	the State of Fi the obligation	lorida Su s of, Sect	ich change was ion 607.0505, F	authorize lorida Sta	d by tutes	the co	rporatio	oration submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registered		
SIGNATURE	Signature, typed or	printed pame of se	outlered accord and	tile d applic	ania /NC	7E Benjetere	d \$00	nt elecation	ro roca strac	ad when reinstating) DATE		
12.	Signatura, types or		ERS AND DI			13.	d Age	ni signatu	B ledoller	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD				DELETE	1.1 TI	TLE	_	T^-	Change Addition		
NAME	JIMENEZ, CESAR E.			1.21			1.2 NAME		}			
STREET ADDRESS	ET ADDRESS 12945 CHERRY RD.			1.3 S				1.3 STREET ADDRESS				
CITY-ST-ZIP	n. Miami	FL				1.4 0	ITY-S	T-ZIP	L_			
TITLE					DELETE	2.1 Ti	TLE			Change Addition		
KAME						2.2 N	AME		ł			
STREET ADDRESS	····}						2.3 STREET ADDRESS		Į.			
CITY-ST-ZIP		·			I Deuter	_		ST-ZIP	 			
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NAME CTOSET ADDOSES						3.2 N		100c===				
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CITY-ST-ZIP					DELETE	3.4. C		II-ZIP		☐ Change ☐ Additio		
NAME						4.2 N			}	C Orango C Adulto		
STREET ADDRESS								ADDRESS				
CITY-ST-ZIP							ITY-S		1			
TITLE					DELETE	5.1 TI	_		†	Change Additio		
NAME						5.2 N	AME		-			
STREET ADDRESS								ADDRESS	1			
CITY-ST-ZIP		_				5.4 CI	TY-S	T-ZIP	1			
TITLE					☐ DELETE	6.1 TI			Ţ	☐ Change ☐ Additio		
NAME						6.2 N	AME					
STREET ADDRESS						6.3 ST	REET	ADDRESS				
CITY-ST-ZIP						6.4 D	TY-S	T-ZIP	1			
14. I hereby o	ertify that the i	nformation su	pplied with th	is filing of	oes not qualify:	for the exe	empl	lion sta	ed in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information		

wort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in h an address.

SIGNATURE:

(30r)884.13V3