FIL	E NOW: FILII	NG FEE AFTER	R MAY 1ST I	S \$550.00	FIL	ED
4	PROFIT RPORATION UAL REPORT 1998		Sandra B Secretar	TIMENT OF STATE Mortham y of State CORPORATIONS	Jan 30 199	
	MENT # Non Name	//51261 G, INC.	(9)			
		C/0 113	ling Address O BETSY PEREZ ITURF 130 S.W. 56 ST. IMI FL 33165	REY	DO NOT WRITE II 3. Date Incorporated or Qualified	
2. Principal F 21 Suite, Apt.	Place of Business	26	Mailing Address		04/30/1987 4. FEI Number 59-2801129	Applied For Not Applicable
City & Sta		27	City & State		Certificate of Status Desired Election Campaign Financing	\$8.75 Additional Fee Required
23 Zip	Coun	28	Zip	Country	Trust Fund Contribution 8. This corporation owes or has paid	\$5.00 May Be Added to Fees the current year Intancible
24	9. Name and Adda	29 ress of Current Registe		81 Name	Personal Property Tax due June 3 10. Name and Address of New Regi	0. Yes No
Mi	330 S.W. 56 ST. AMI FL 33165 to the provisions of Se- registered agent, or bo	ctions 607,0502 and 607 th, in the State of Florida	.1508, Fiorida Statute Such change was at	83 City	ess (P.O. Box Number is Not Acceptable oration submits this statement for the pur on's board of directors. I hereby accept	FL 85 Zip Code
SIGNATURE		ne of registered agent and title if a		Registered Agent signature require		DATE
12.		OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITURREY, BETSY 11330 S.W. 56 S MIAMI FL		☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	٠.	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY'-ST-ZIP			☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	NO. 11	Change Addition
TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	6.1 TITLE		☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

3.55 274-47292

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS