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

DOCUMENT # P93000031868 (1)

| | VISTA - SUBWAY MILLER, | | | | | |
|---|--|--|-------------------------|---|--|--|
| Principal Place of Business Mailing Address | | | | | | |
| 15945 SW 83 TERR MIAMI FL 33193 | | 15945 SW 83 TERR MIAMI FL 33193 | | | | |
| US | | US | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | |
| <u> </u> | · | | | | 04/30/1993 | |
| | lace of Business | 28. Mailing Address | | | 4. FEI Number | Applied For |
| Suite, Apt. | # atc | Suite, Apt. #, etc. | | | 65-0414877 | Not Applicable \$8.75 Additional |
| 22 | | 27 | | | Certificate of Status Desired | Fee Required |
| City & State | a | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Got | ıntry | This corporation owes or has paid the cur Personal Property Tax due June 30. | rrent year tntangible |
| | 9. Name and Address of Curre | | | | 10. Name and Address of New Registered | Agent |
| LEON, HUGO P 6236 SW 136TH CT APT B-208 MIAMI FL 33183 | | | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | | |
| office or r agent. I a SIGNATURE | to the provisions of Sections 607.056 egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or punted name of registered ag | of Horida, Such change was ations of, Section 607.0505, F | authorize Iorida Sta | bove-named cor d by the corpora tutes. | rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appured when reinstating). | f changing its registered pointment as registered |
| 12. | | D DIRECTORS | 13. | a Again signature redu | ADDITIONS/CHANGES TO OFFICERS AND | D DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 Ti | TLE | | ☐ Change ☐ Addition |
| NAME | LEON, HUGO P | | 1.2 N | AME | | |
| STREET ADDRESS | 15945 SW 83 TERR | | 1.3 \$ | TREET ADORESS | | |
| CITY-ST-ZIP | MIAMI FL | | 14C | ITY-ST-ZIP | | |
| TATLE | - | ☐ DELETE | 211 | TLE | | ☐ Change ☐ Addition |
| NAME | | | 2.2 N | AME | | |
| STREET ADDRESS | | | | TREET ADDRESS | | |
| CITY-ST-ZIP | · | The section | | ITY-ST-ZIP | | T 05 |
| TITLE | | ☐ DELETE | 3.1 (| | | ☐ Change ☐ Addition |
| NAME | | | 3.2 N | | | |
| STREET ADDRESS | | | | REET ADDRESS | | |
| CITY-ST-ZIP TITLE | | DELETE | 4.1 11 | TIF | | ☐ Change ☐ Addition |
| NAME | | hand peccept | 4.21 | - 1 | | C. Change C. Passider |
| STREET ADDRESS | | | | TREET ADDRESS | | |
| CITY-ST-ZIP | | | | TY-ST-ZIP | | |
| TITLE | <u> </u> | DELETE | 5.1 Ti | | | Change Addition |

14. Thereby certify that the information supplied with this filting 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 suppliemental 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 withy an address.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.4 CITY - ST - 21P

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

- Lo Li

DELETE

2-12-98 (305) 513-3660

☐ Addition

FILED

Feb 18 1998 8:00am

Secretary of State