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

PROFIT A
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Mar 23 1998 8:00am Secretary of State

	1998			DIVISION OF	CORPO	RATIONS	Secre	tary	/ 01	Statt	J
DOCU 1. Corporalio	MENT # F	9400	∞ <u>€</u>	34581							
Principal Plac	na of Busin		Madine	Address							
Frincipairiac	Le of Busin	A Villad									
		27	icita IIO	mes Corpo	pratio	!	50 1107 117	TE IN THO	00405		
	371 NE Ardsley Drive						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified				٦
	Port St. Lucie, FL 349						Nov,	1944			
2. Principal F	Place of Business			ling Address			4. FEI Number		T A	pplied For	1
21	DI	ELTA	26	~	"		65-0834411		N	ot Applicable]
Suite, Apt	#. elc	11	Suit	e, Apt. #, etc.	•		5. Certificate of Status Desired			Additional equired	
City & Stat	te	H	City	& State			6. Election Campaign Financing			May Be]
23		• • • • • • • • • • • • • • • • • •	28		1 0-		Trust Fund Contribution			to Fees	-
Zip	1° -	untry 44	Zip	11	30	ountry #1	This corporation owes or has Personal Property Tax due Ju			itangible D No	
24	9. Name and Ac	Idress of Current			30	T	10. Name and Address of New				1
						81 Name					1
Aureli	o Pereira					82 Street Ac	dress (P.O. Box Number is Not Accept	able)		,	1
371 NE	Andaley O	r.						····			
POCT S	Andsley O thucie, FL	34983				83	_				
						84 City	····	FL	. -	Code	1
11. Pursuant	to the provisions of	Sections 607 0502	and 607.15	08, Florida Statu	tos, the a	above-named co	orporation submits this statement for the ration's board of directors. I hereby acc	e purpose o	f changing i	ts registered	1
agent. I a	regisieren agent, och a <mark>m (a</mark> miliar with and	accept the obligat	ions of, Sec	tion 607.0505, F	orida Sta	alutes.	rations board of directors. Thereby dec	opi ii o app	ontinont da	109/3/0/04	Ì
SIGNATURE .								DATE			-
12.	Signature typed or printed	OFFICERS AND			13		quired when reinstating) ADDITIONS/CHANGES TO OF		DIRECTOR	AS IN 12	900
TITLE	Auselia Res			DELETE	1.1	TITLE			Change	☐ Addition	1 3
NAME	371 NE A	dsley on			1.2	NAM{					5
STREET ADDRESS	Autelio Per 371 NE An Port St. Lu	cie, FL 3	4453		1.3	STREET ADDRESS					ជ្ជ
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STREET ADDRESS CITY-ST-ZIP	}					CITY-ST-ZIP					1
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CITY-ST-ZIP TITLE				DELETE	_	TITLE	4000024	F:45	Change	Addition	1
NAME					521	NAME	-03/23/380	060	nni		
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City+S1+ZiF					540	DITY-S1-ZIP				 _	1
TITLE				☐ DELETE		TATLE			Change	Addition	
NAME						NAM(5	ł
STREET ADDRESS						STREET ADDRESS				W.	
CITY-ST-ZIP 14. I hereby of	 certify that the inform	ation supplied with	i this filino d	does not qualify I		cemption stated	in Section 119.07(3)(i), Florida Statutes	. I further or	ertify that the	information	1
Indicated	on this annual repor	Lor supplemental	annua rend	ort is true and ac	curate ar	nd that my signs	ture shall have the same legal effect a	s if made un	der oath: Ih	at I am an	1

4. I hereby certify that the information supplied with this filling 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 supplied entail annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the exercise 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 your applicable with an address.

SIGNATURE:

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