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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000029518 (4)

FILED Apr 15 1998 8:00am Secretary of State

TARAT LAROUT III.							
Principal Place of Business	Mailing Address				-{	NE 18191 EURO H	
3519 INVERRARY BLVD WEST 3519 INVERRARY BLVD WEST							
LAUDERHILL FL 33319-7113 LAUDERHILL FL 33319-7113							
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified 04/14/1995		
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21 26					65-0594423	N	lot Applicable
Suite, Apt. #, etc.	, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	•	Additional Required
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution		to Fees
Zip Country	Zıp	Country			8. This corporation owes or has paid the cu	rrent year Ir	ntangible
24 25	29	30					□ No
9. Name and Address of Current I	legistered Agent		81	Alama	10. Name and Address of New Registered	Agent	
SILBERSTEIN, EDUARDO			"	Name			
3519 INVERRARY BLVD WEST LAUDERHILL FL 33319-7113			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
			83				
			64	City		85 Zip	Code
de Discoulte de la companya del companya de la companya del companya de la compan	1007 1500 5		1 1	•	<u> </u>	1 - 1	i
Pursuant to the provisions of Sections 607.0502 soffice or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation.	ind 607.1508, Florida Statu Florida, Such change was	tes, the a authorize	bove-	named corporation	oration submits this statement for the purpose on on's board of directors. I hereby accept the ap	of changing pointment a	its registered s registered
	ons of, Section 607.0505, F	lorida Sta	tutes.		• • •		
SIGNATURE Signature, typed or printed name of registered agent a	nd title if applicable (NO	TE: Registere	d Apen	I sipoature required	d when reinstating) DATE		
12. OFFICERS AND [13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE P	☐ DELETE	1.1 7	TLE			Change	Addition
NAME DE ANDRADE, MARIA N		1.2 N	AME				
STREET ADDRESS 3519 INVERRARY BLVD WEST	133		TREET A	DORESS			
CITY-ST-ZIP LAUDERHILL FL 33319-7113		1.4 00		- ZIP			
THLE V	☐ DELETE	ETE 21 TITLE				Change	☐ Addition
NAME SILBERSTEIN, EDUARDO	SEKO MREDDADV DI IN IMPOT		AME				
LAUDEDINI DI AAAA SIIA	1 AUDEDUN 1 EL 99940 7449		TREET A	DDRESS			ŀ
CITY-ST-ZIP LAUDERHILL FL 33319-7113			HY-ST	- ZIP			
TITLE NAME	DELETE	3.1 Ti				Change	Addition
STREET ADDRESS		3.2 N					
CITY-S1-2IP				DDRESS			
TITLE	☐ DELETE	3,4. C 4.1 Ti	ITY-ST	- ZIP		☐ Change	Addition
NAME	0	4.2 N				change	☐ Magnon
STREET ADDRESS				DDRESS			
CITY-ST-ZIP			TY-ST-	1			
TITLE	DELETE	5.1 TI		<u></u>		Change	Addition
NAME	_	5.2 N/					-
STREET ADDRESS		4		DDDECC	*		
CITY-ST-ZIP		5.3 ST	REET A	uuncaa ,			
			REET A				
TITLE	☐ DELETE		TY-ST-			Change	☐ Addition
TITLE NAME	☐ DELETE	5.4 CI	ty-st- Tle			Change	Addition
	☐ DELETE	5.4 CI 6.1 TI 6.2 N/	TY-ST- TLE AME			Change	Addition

opfied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the col Block 12 or Block 13 if cha