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

P96000049944 (7)

CEINU	S THADING CORPORATION					
Principal Place	e of Business	Mailing Address			-{	11 01319 10110 10111 010 11 0101 1601
18181 N.E. 31		18181 N.E. 31 CT				
APT. 2009		APT. 2009			DO NOT HIBITE IN	* 110 004 0F
AVENTURA FL 33160 AVENTURA FL 33160					3. Date Incorporated or Qualified	HIS SPACE
					06/11/1996	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 FLONS	_ , , ,	26 1477 NW	156 A	√ .	65-0671033	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required	
City & State	9	City & State 28 REMBROKE PINCT - FL			6. Election Campaign Financing	\$5.00 May Be
23			Cou		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zφ 29 ろろ028	30 0		This corporation owes or has paid the Personal Property Tax due June 30.	e current year Intangible
24	9. Name and Address of Current	11 2	130		10. Name and Address of New Registe	
INFORMATIC & TAXES, INC. 81 Name						
7575 W. FLAGLER ST.				82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	E. 204			511861 Addi	ess (P.O. Box Number is Not Acceptable)	
	AMI FL 33144		ı	83		
*****			}	84 City		85 Zip Code
				'		FL
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO)	E: Registered	Agent signature requir	red when reinstating) D/	ATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	\$0	DEL ete	1.1 Tt1	LE		Change Addition
NAME	ROMUALDO, ALEXANDRE		1.2 NA	ME		
STREET ADDRESS	18181 N.E. 31 CT. APT. 2009		1.3 \$T	REET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
CITY-ST-ZIP	AVENTURA FL 33160			Y-ST-ZIP		
TITLE			2.1 1)1			Change Addition
NAME	LUIZ, MEROLA G		2.2 NA		e e	•
STREET ADDRESS	18181 N.E. 31 CT. APT. 2009			REET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33160	DELETE	2. 4 Ci	TY-ST-ZIP		Change Addition
TITLÉ Name		∟_) bittit	3.1 tn			C Cuange E Audulion
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY - ST - ZIP		
TITLE		☐ DELETE	4.1 Til			☐ Change ☐ Addition
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP			4.4 CI	Y-ST-ZIP		
TITLE		DELETE	5.1 Til	LE		Change Addition
NAME		1	5.2 NA	ME		
STREET ADDRESS		1	5.3 ST	REET ADDRESS		
CITY-ST-ZIP		. I DELETE		Y-ST-ZIP		Change Addition
TITLE	//	, H DELETE	61 T(LT CHAIGE LT AUGIBOR
NAME OTOGET ADODESS	//	/	62 N/			
STREET ADDRESS	/ //	1 1		REET ADDRESS		
14. I hereby o	certify that the information subblied wit	h this filing does not qualify t	or the exe	Y-SI-ZIP motion stated in	Section 119.07(3)(i), Florida Statutes, I furth	er certify that the information
14. I hereby certify that the information supplied with this tiling dobs 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 compliant of the receiver of trusted 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 attacking that address.						

FILED

Apr 28 1998 8:00am

Secretary of State