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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000082774 (5)

FILED Aug 20 1998 8:00am Secretary of State

Principal Place of Business 8465 W COMMERCIAL BLVD. TAMARAC FL 33351	Mailing Address 8465 W COMMERCIAL TAMARAC FL 33351	BLVD.	DO NOT WRITE IN THE	
			09/22/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 8448 NW 57th Street		57th Street	65-0783703	Not Applicable
Suile, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Tamarac, FL	Tamarac,	FI.	Trust Fund Contribution	Added to Fees
Zip Country	7 ₁₀	Country	8. This corporation owes or has paid the o	
24 33351 25 USA	29 33351	30 USA	Personal Property Tax due June 30.	🔀 Yes 🗌 No
g. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	d Agent
8465 W COMMERCIAL BLVD. TAMARAC FL 33351		84 City Ta	ess (P.O. Box Number is Not Acceptable) 48 NW 57th Street marac F	
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig SIGNATURE Stgouture, typed or printed transcript registered agent.	gations of, Section 607.0505, F	Torida Statutes. DIE Registered Agent signature requi	ed when reinstaling) [JA]1	
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
NAME OCAMPO, RAUL	☐ DELETE	1.1 TITLE		Change Addition
ACCOUNTS AND ANY CONCERT		1.2 NAME		
DI ANTATIONI EL 20202		1.3 STREET ADDRESS		
TITLE PLANTATION PL 33323	DCLFTE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	(L) 144.4c	2.2 NAME		
STREET ACCRESS		23 STREET ADDRESS		
CITY-SI-ZIP		2. 4 CITY-ST-ZIP		
TITLE	DELLIE	3.1 TILLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-S1-ZIP		34. CHY-ST-7IP		
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREFT ADDRESS		
CHY-SI-ZIP		44 CHTY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		•
STREET ADDRESS		6.3 STREET ADDRESS		

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the informatio indicated on this annual report or supplemental annual report is two 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 rustee enjowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or ou an attachment with an address.

5/1/98

954-724-9550