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

FILED Jan 30 1998 8:00am Secretary of State

	1990	DIVISION OF	CONFUNATIONS	Secretary of the secretary of	State
1	MENT # S6461	4 (8)			· State
MIABO	L S CORPORATION				
† ·	ce of Business	Mailing Address		1 12 3 12 3 12 4 11 11 4 12 14 15 15 15 15 15 15 15 15 15 15 15 15 15	
7423 NW 541 MAIMI FL 33		7423 NW 54TH ST MIAMI FL 33166			
US		US		DO NOT WRITE IN THIS SP	ACE
				3. Date Incorporated or Qualified	
				07/08/1991	
· ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suite, Apt.	#. etc.	Suite, Apt. #, etc.	,	65-0272680	Not Applicable
22	,	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	
24	25	29	30		Yes No
	9. Name and Address of Curre		81 Name	10. Name and Address of New Registered Ag	jent
	JSICANQUI, JOSE L. EDUARDO				
5220 NW 72ND AVE #8-B MIAMI FL 33166			82 Street Addr	ess (P.O. Box Number Is Not Acceptable)	_
1410	AWI 1 E 33 108		83		
			24 0		
			84 City	FL!	85 Zip Code
11. Pursuant office or ragent, I a	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	02 and 607.1508, Florida Statute e of Florida, Such change was a gations of, Section 607.0505, Flo	es, the above-named corp authorized by the corporat orida Statutes.	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoin	nanging its registered nament as registered
SIGNATURE		,			
	Signature, typed or printed name of registered ag		E. Registered Agent signature requir		
12.	D OFFICERS AF	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND D	
NAME	CUSICANQUI, JOSE L.E.		1.2 NAME	<u>-</u>	_l Change Ll Addition
STREET ADDRESS	2831 NE 8TH COURT		1,3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change
NAME	CUSICANQUI, GLORIA P.		2.2 NAME		
STREET ADDRESS	2831 NE 8TH COURT		2 3 STREET ADDRESS		•
CITY-ST-ZIP	POMPANO BEACH FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME y			3,2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4.1 BILE 4. 2 NAME	land	3 Collaride T Vicalitori
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		ļ
TITLE		DELETE	5.1 TITLE		Change
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6,1 YITLE		Change
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	artific that the inference and the	olth this filter also as a second	6.4 CITY-ST-ZIP	Section 119 07/2Vi). Elevida Statutos I further cartifi	. // . // O - 2 - f 2
IA INCIGNUE	seriev (nat the intothistion bunnlied w			Sporton (19 D7/200), Glorida Statuton, I furthar aartifi	a that the intermetion

14. I hereby certify that the information supplied with this filing 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 with an address.

SIGNATURE:

Louis Clusicaling

1-21-98

CR2E034 (10/97)