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

DOCUMENT #

171

FILED Jan 29 1998 8:00am Secretary of State

Principal Plac	FINDERS,	INC.	Mailing Address	DR							
BAY "G" MIAMI FL 33	1131		BAY "G" Miami FL 33131			DO NOT WRITE IN THIS SPACE					
US			US				3. Date Incorp	orated or Qualified			
<u>.</u>							09/30/19	991			
2. Principal F	Place of Busi	ness	2a. Mailing Address			4. FEI Numbe	r		A	pplied For	
21			26			65-028	19681			tot Applicable	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			5. Certificate	of Status Desired			Additional	
City & Sta			City & State								Required
23	IO		28					Impaigri Financing Contribution			May Be to Fees
Zip		Country	Zip	Cou	intry			ation owes or has p	aid the ou		
24	25		29	⊢	30			operty Tax due Jun			ntangibie □ No
 -	9, Name		rent Registered Agent	1001	Π			Address of New R			 .
Di	AZ, RAYMO	IND			61	Name	· · · · · ·				
16750 S.W. 87TH COURT				62 Street Ad			ress (P.O. Boy Nur	nhar is Not Accents	hle)		
MIAMI FL 33157						Direct Made	ess (P.O. Box Number is Not Acceptable)				
					83						
						City				85 Zip	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes					84	•			FL	- - '	
SIGNATURE		for printed name of registered		(NOTE Registered			ired when reinstaling)		DATE		
12.	D		DELETE	13.	13. 1.1 TITLE		ADDITIONS/	CHANGES TO OFF	CEHS AN	Change	Addition
NAME	DIA7 R	AYM ON D			1.2 NAME					CII Ollango	
STREET ADDRESS		ICKELL KEY DRIVE,	BAY G			ADDRESS					
CITY-ST-ZIP	MIAMI F				TY-S1	1					
TITLE	VP		DELETE	2.1 10		-				Change	Addition
NAME	DAJER,	MARTHA		2.2 NA	AME						
STREET ADDRESS	601 BR	ickell key drive,	BAY G	2.3 S1	REET .	ADDRESS					
CITY-ST-ZIP	MIAMI F	<u> </u>		2 4 C	ITY-S	T-21P					
TITLE		·	☐ DELETE	3.1 T(FLE					Change	Addition
NAME				3 2 NA	AME						
STREET ADORESS						ADDRESS					
CITY-ST-ZIP	 		T Aries		ITY-S	T-ZIP		·		Observe	A auto-
TITLE			☐ DELETE		4.1 TITLE 4. 2 NAME					Change	Addition
NAME											
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	 		DELETE	4.4 CI 5.1 Tf1	<u> 17 - 51</u> 11 f	- ZIP				Change	Addition
NAME				5.2 NA						200.80	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP	ł			5.4 Ci							
TITLE	 -		DELETE	6.1 TIT						Change	Addition
NAME				6.2 NA		1					
STREET ADDRESS						ADDRESS					

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 of supplemental argual report is trop 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 of the