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

DOCUMENT # P93000061151 (5)

STEVEN W. CUTLER, P.A.

FILED Mar 23 1998 8:00am Secretary of State

]					
Principal Place of Business Mailing Address]	. 18611881 sid thidf elfet datt griff g	9141 28419 3 110	***************************************		,•
2 S. BISCAYNE BLVD SUITE 9100 MIAMI FL 33131 US				2 S. BISCAYNE BLVD SUITE 3100 MIAMI FL 33131 US						DO NOT WRIT	E IN THIS S	SPACE		
								3. Date Incorporated or Qualified 09/01/1993						
2. Principal Pl	ace of Busin	1088		a, Mailing Ad	idress					4, FEI Number	-	$\neg \tau$	Applied Fo	or
21	acc or basin		20	7						65-0445625		-	Not Applic	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					Certificate of Status Desired		\$8.75	5 Addition Regulred	-	
City & State				City & State						6. Election Campaign Financing		\$5.0	O May Be	
23				28					ĺ	Trust Fund Contribution				
Zip	Country						Country			8. This corporation owes or has p	aid the cur	rent year	Intangible	
24	25			29 30						Personal Property Tax due Jun		Yes	□ No	
	g, Name	and Address o	f Current Reg	istered Ager	nt					10. Name and Address of New R	egistered a	Agent		
CU	TLER, STE	VEN W.					81	Name						
2 S. BISCAYNE BLVD							82	Street A	Addres	ss (P.O. Box Number is Not Accepta	ible)			
	TE 3100	••					83							_
MIA	MI FL 331	31					Ш							
							84	City			FL		ip Cod∍	
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								-4 -14		when reinstating)	DATE			— I.
	Signature, types	or printed name of re	gistered agent and CERS AND DIF		(NOI	13.	d Ager	nt signature	requireo	ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12	· {
12.	PSD	OFFIC	ALTIS AIND DIE		DELETE	1.1 TI	TLE	· 1	····-	ADDITIONO OF INTO ESTA	OLFIO 7 WIL	☐ Chang		
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I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (13)), 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 oake under