FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

PROFIT CORPORATION ANNUAL REPORT

1998



DIVISION OF CORPORATIONS

FILED Mar 23 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State

Principal Place 54 MIRACLE M CORAL GABLES	ILE	Mailing Address 54 MIRACLE MILE CORAL GABLES FL 3313	34		TE IN THIS SPACE
				3. Date Incorporated or Qualified	IE IN THIS SPACE
				10/25/1995	
· ·	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	Letc	Suite, Apt. #, etc.		65:0615007	Not Applicat
2		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28 7in	puntry	Trust Fund Contribution	
Zip	Country 25	Zip	30	8. This corporation owes or has p	oald the current year Intangible
t	g, Name and Address of Curren			Personal Property Tax due Jun 10. Name and Address of New R	ie 30. X Yes No
RIC	HARD, MARK		81 Name		- State of Agent
COF	PALERMO AVE RAL GABLES FL 33134		83 84 City	dress (P.O. Box Number is Not Accepte	85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050)2 and 607.1508, Florida Statu Lof Florida, Such change was	utes, labove-named cor s authed by the cornors	poration submits this statement for the	purpose of changing its registered
CICNIATURE	Signature, typod or printed name of registered age	ent and title if applicable (NC D DIRECTORS	OTE: Refed Agent signature requi		DATE
SIGNATURE	Signature, typed or prested name of registered age OFFICERS AN	ont and title if applicable (NC	OTE: Refed Agent signature requi		DATE
SIGNATURE 5 12. TITLE NAME	Signature, typed or present name of registered agr OFFICERS AN VO BAROCAS, MARK	ent and title if applicable (NC D DIRECTORS	OTE: Refed Agent signature requi JITLE NAME	ired when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE E 12. TITLE NAME STREET ADDRESS	Signature, typed or prefed name of registered age OFFICERS AN VO BAROCAS, MARK 54 MIRACLE MILE	ent and title if applicable (NC D DIRECTORS	OTE: Refed Agent signature requi	ired when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or purited name of registered age OFFICERS AN VO BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134	ent and title if applicable (NC D DIRECTORS	OTE: Refed Agent signature requi JITLE NAME	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or prefed name of registered age OFFICERS AN VO BAROCAS, MARK 54 MIRACLE MILE	out and title if applicable (NC IO DIRECTORS DELETE	OTE: Refed Agent signature requi	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN VD BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134 STD BAROCAS, LOVIS 54 MIRACLE MILE	out and title if applicable (NC IO DIRECTORS DELETE	OTE: Refed Agent signature requi	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN VD BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134 STD BAROCAS, LOVIS 54 MIRACLE MILE CORAL GABLES FL 33134	ent and title if applicable (NCIO DIRECTORS DELETE	OTE: Refed Agent signature requi	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN VD BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134 STD BAROCAS, LOVIS 54 MIRACLE MILE CORAL GABLES FL 33134 PD	out and title if applicable (NC IO DIRECTORS DELETE	OTE: Refed Agent signature requi	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	OFFICERS AN VD BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134 STD BAROCAS, LOVIS 54 MIRACLE MILE CORAL GABLES FL 33134 PD GACH, DEBORAH	ent and title if applicable (NCIO DIRECTORS DELETE	OTE: Refed Agent signature requi	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN VD BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134 STD BAROCAS, LOVIS 54 MIRACLE MILE CORAL GABLES FL 33134 PD GACH, DEBORAH 54 MIRACLE MILE	ent and title if applicable (NCIO DIRECTORS DELETE	OTE: Refed Agent signature required to the control of the control	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN VD BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134 STD BAROCAS, LOVIS 54 MIRACLE MILE CORAL GABLES FL 33134 PD GACH, DEBORAH	ent and title if applicable (NCIO DIRECTORS DELETE	OTE: Refed Agent signature requi	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN VD BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134 STD BAROCAS, LOVIS 54 MIRACLE MILE CORAL GABLES FL 33134 PD GACH, DEBORAH 54 MIRACLE MILE	ent and title if applicable (NC) ID DIRECTORS DELETE DELETE	OTE: Refed Agent signature requi	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN VD BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134 STD BAROCAS, LOVIS 54 MIRACLE MILE CORAL GABLES FL 33134 PD GACH, DEBORAH 54 MIRACLE MILE	ent and title if applicable (NC) ID DIRECTORS DELETE DELETE	OTE: Refed Agent signature required. JITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP JITLE HAME STREET ADDRESS CITY-ST-ZIP JITLE HAME STREET ADDRESS DITY-ST-ZIP JITLE JAME JERET ADDRESS	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN VD BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134 STD BAROCAS, LOVIS 54 MIRACLE MILE CORAL GABLES FL 33134 PD GACH, DEBORAH 54 MIRACLE MILE	OD DIRECTORS DELETE DELETE DELETE	OTE: Refed Agent signature required. JITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP JITLE HAME STREET ADDRESS DITY-ST-ZIP JILE JAME JERET ADDRESS LY-ST-ZIP JILE JAME JERET ADDRESS LY-ST-ZIP JILE JAME JERET ADDRESS LY-ST-ZIP	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN VD BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134 STD BAROCAS, LOVIS 54 MIRACLE MILE CORAL GABLES FL 33134 PD GACH, DEBORAH 54 MIRACLE MILE	ent and title if applicable (NC) ID DIRECTORS DELETE DELETE	OTE: Refed Agent signature required. JITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS DITY-ST-ZIP JILE JAME JERET ADDRESS LITY-ST-ZIP JILE JAME JERET ADDRESS LITY-ST-ZIP JILE JAME JERET ADDRESS LITY-ST-ZIP JERET ADDRESS LITY-ST-ZIP	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AN VD BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134 STD BAROCAS, LOVIS 54 MIRACLE MILE CORAL GABLES FL 33134 PD GACH, DEBORAH 54 MIRACLE MILE	OD DIRECTORS DELETE DELETE DELETE	OTE: Refed Agent signature required. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME TREET ADDRESS DITY-ST-ZIP TITLE NAME TREET ADDRESS TY-ST-ZIP TITLE NAME TREET ADDRESS TY-ST-ZIP TREET ADDRESS	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN VD BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134 STD BAROCAS, LOVIS 54 MIRACLE MILE CORAL GABLES FL 33134 PD GACH, DEBORAH 54 MIRACLE MILE	OD DIRECTORS DELETE DELETE DELETE	OTE: Refed Agent signature required. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE AAME TREET ADDRESS TY-ST-ZIP TEE AAME TREET ADDRESS TY-ST-ZIP .E AE EET ADDRESS	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN VD BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134 STD BAROCAS, LOVIS 54 MIRACLE MILE CORAL GABLES FL 33134 PD GACH, DEBORAH 54 MIRACLE MILE	OD DIRECTORS DELETE DELETE DELETE	OTE: Refed Agent signature required. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE NAME TREET ADDRESS DITY-ST-ZIP TITLE NAME TREET ADDRESS TY-ST-ZIP TITLE NAME TREET ADDRESS TY-ST-ZIP TREET ADDRESS	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN VD BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134 STD BAROCAS, LOVIS 54 MIRACLE MILE CORAL GABLES FL 33134 PD GACH, DEBORAH 54 MIRACLE MILE	D DIRECTORS DELETE DELETE DELETE DELETE	OTE: Refed Agent signature required. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE AAME TREET ADDRESS TY-ST-ZIP TEE AAME TREET ADDRESS TY-ST-ZIP .E AE EET ADDRESS	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN VD BAROCAS, MARK 54 MIRACLE MILE CORAL GABLES FL 33134 STD BAROCAS, LOVIS 54 MIRACLE MILE CORAL GABLES FL 33134 PD GACH, DEBORAH 54 MIRACLE MILE	D DIRECTORS DELETE DELETE DELETE DELETE	OTE: Refed Agent signature required. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DITY-ST-ZIP TITLE AAME TREET ADDRESS TY-ST-ZIP TEE AAME TREET ADDRESS TY-ST-ZIP .E AE EET ADDRESS	ired when reinstating)	DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition