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

29

9, Name and Address of Current Registered Agent

**PROFIT** CORPORATION **ANNUAL REPORT** 

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P96000060273 (5)

**DE NAVARRA, CARLOS T** 

700 SW 36 AVE

**MIAMI FL 33135** 

IAMIAMI	i Phoreniles, ING						
Principal Place	of Business	Mailing Addre	SS			[[]]]	
700 SW 36 AVE 700 S MIAMI FL 33135 MIAM			·=·	DO NOT WRITE IN THIS SPACE			
			Date Incorporated or Qualified     07/18/1996				
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied Fo	
21	21			65-0680969	Not Applica		
Suite, Apt. #, etc.		Suite, Apt.	#, etc.	5. Certificate of Status Desired		\$8.75 Additiona Fee Required	
City & State		City & State	)			\$5.00 May Be Added to Fees	
Zip	Country 25	Z(p)	Country 30	This corporation owes or has p. Personal Property Tax due Juni		urrent year Intangible	

**B4** City Zip Code 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

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agent I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Statutes	, , , , , , , , , , , , , , , , , , , ,	•	
SIGNATURE .	Signature, typed or pristod name of regeleted agent a	ind tilk if applicable (NOTE	: Roy stared Agent signature ruqui	red when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN		
TITLE	P	☐ DELETĒ	1 1 TITLE	Change	Addition	
NAME	Valls, felipe a Jr		1.2 NAME			
STREET ADDRESS	700 S.W. 36TH AVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33135		1.4 CITY - ST - ZIP			
TITLE	\$	☐ DELETE	2.1 HTLE	☐ Change	☐ Addition	
NAME	valls, felipe a sr		2.2 NAME			
STREET ADDRESS	700 S.W. 36TH AVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33135		2 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE	Change	Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	☐ Change	Addition	
NAME			4. 2 NAME		·	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE	Change	Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE	Change	☐ Addition	
NAME			62 NAME			
STREET ADDRESS			6.3 MEET ADDRESS			
			Z. 0171/ 07 710			

14. I hereby certify that the information supplied with this filling of indicated on this annual report or suppliemental annual report officer or director of the corporation or the receiver or truylee. hes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of its true any accordate and that my signature shall have the same legal effect as if made under oath; that I am an employed 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

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

**FILED** 

May 11 1998 8:00am

Secretary of State

Personal Property Tax due June 30.

Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent