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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## ANNUAL REPORT 1998

## **FILED** May 13 1998 8:00am Secretary of State

	MENT # P9500 AMERICAN FINANCIAL SE		)		- 11486 11111 80111 11884 1111 1281
Principal Place of Business Mailing Address					i isaak oono <b>edok</b> iyaak yak taab
701 BRICKEL		701 BRICKELL AVE			
STE 1460		\$-1460		DO NOT INDITE OF T	HC CDACE
MIAMI FL 331 US	MIAMI FL 33131 MIAMI FL 33131 US US			DO NOT WRITE IN TH	IIO OFAUE
~		VV		03/22/1995	1
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
1		26		65-0651201	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27		<b>9.</b> 25. medic 3. ctatas 2.5. med	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28   	Country	Trust Fund Contribution   8. This corporation owes or has paid the	Added to Fees
4	25	29	30	Personal Property Tax due June 30.	Yes No
<u> </u>	g. Name and Address of Curre			10. Name and Address of New Register	
SU MV	egistered agent, or both, in the Stat m familiar with, and accept the obli- Signature typed or printed name of registered a  OFFICERS AT	te of Florida. Such change wa gations of, Section 607.0505,	83 City	rporation submits this statement for the purpos ation's board of directors. I hereby accept the	appointment as registered
NAME	ZAMORA, ROBERTO	<del></del>	1.2 NAME		
STREET ADDRESS	SAA SOLOVELL LIE OLITE AASA		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP	<u> </u>	
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	ZAMORA, MARIA J		2.2 NAME		
STREET ADDRESS	701 BRICKELL AVE. SUITE	1150	2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33131		2. 4 CITY - ST - ZIP		
TTLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
IAME			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
IAME			4.2 NAME		man with the same of the same
TREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
ITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
LAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>	
ITLE		DELETE	6.1 TITLE		Change Addition
VAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY. ST. 78P			6.4 CITY, ST. 7IP		

14. Thereby certify that the information supplied with this filling 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 supplementar equial 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 of the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or in an attachment with an address.

04/27/98 (305)374-600/