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

•	MENT # P9700(CITY, INC.	0049599 (8))		(A B 4 1 1 1 1 1 1 1 1 1
Principal Place of Business		Mailing Address			
15012 SOUTHWEST 104TH STREET UNIT 2414 MIAMI FL 33196		15012 SOUTHWEST 104TH STREET UNIT 2414		DO NOT WRITE IN THIS S	SPACE:
MIAMI PL 331	90	MIAMI FL 33196		3. Date Incorporated or Qualified 06/05/1997	
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0758874	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip [29]	Gountry 30		Yes No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered A	gent
343	erilawyer Chartered Almeria Avenue Ral Gables FL 33134		81 Name 82 Street Add 50 /	ress (P.O. Box Number is Not Acceptable)	
			84 City	iami (FL	85 Zip Code 96
11. Pursuant office or ragent. La	to the provisions of Sections 607.01.0 ogistered agont, of both in the State m familiar with au faccept the oblig	22 and 607.1508, Florida Stat ⇒ of Florida Such change was pations of, Section 607.0505,	utes, the above-named corps authorized by the corpora Florida Statutes.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing its registered pintment as registered
SIGNATURE	Signation, typed or printed more of registered age		DTE: Registered Agent signature requi	6-18-9	8
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE		Change Addition
NAME	Natsui, Edward		1.2 NAME		
STREET ADDRESS 15012 SOUTHWEST 104TH STREE		STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196		1.4 CHY+ST-ZIP		
TITLE		L_ DELETE	2.1 THILE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TIPLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		□ ottett	3.2 NAME	'	Change Augustin
STREET ADDRESS			3.2 NAME 3.3 STHEET ADDRESS		
					4
CITY-ST-ZIP TITLE		DELETE	3 4. City - St - ZiP 4 1 Title		Change Addition
NAME		<u> </u>	4. 2 NAME	•	
STREET ADDRESS			4.3 STREFT 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-SI-ZIP			5 4 CITY - ST - ZIP		
THLE	•	DELETE	6 1 TITLE	ការ៉ូ គ្រោះធ្លាក់ខ្លួញខ្លួញ ស្រាប់ស្គាល់ ។ មការ៉ុម្មហែង បាន	Change Addition
NAME	# 11 d		6.2 NAME	1 D 00 10 00 22 55 1, 12 30 7 -06/25/980107303	2 V N
STREET ADDRESS	•		6.3 STREET ADORESS	## 600 000 BUNG 01 180	· ' ' ' ' ' ' ' ' ' ' '

6.4 CITY-ST-ZIP 14. I hereby cortify 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 or supplied annual 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed on an attachment with an address.

CITY-ST-ZIP

***150,00

Jun 24 1998 8:00am

Secretary of State