## DUE DATE-ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

AMENDED CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS

SO DEC 21 PM 2:01

1998

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

▼	READ NOTICE AND INSTRUCTIONS ON OTHER S PLEASE STAPLE CHECK TO ANN		1			

	PLEASE	STAPLE CHECK TO ANNUAL RE	PORT		
Name and Address of Corporation Principal C	Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.				
INCOVE, INC.	•	F52107	Street	Address	
•	6443 N.W. 82 Avenue			P.O. Box No.	
	Miami, Florida 33166		F.G. Box No.		
1		1	City		
	-	_	' '	-	
If above address is incorrect in Item 2. Include Zip Code.	in any way,	enter the correct address	State	Zlp Code	
Date Incorporated or Qualified		4. Federal Employer		5. Date of	
To Do Business in Florida 11/2/83	Ĺ	Identification Number (FEIN) 59-2136604		Last Report	
. Names and Street Addresses of Each Officer	and Directo				
	T	Street Address of Each		1	
Names of Officers and Directors	Title	Officer and Director (Do NOT Use Post Office Box Numbers)		City and State	
and Directors		(DO NOT USE POST Office Box Natif	ibeisi		
ALZATE, NOHEMY	P <sub>D</sub> S	6443 N.W. 82 Avenue		Miami, Florida 33166	
			.3	100002721479 <u>-</u> -	
	+			00002721473 12/24/98-01006-020	
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				46 11-10	
			<del></del>	11/2	
Registered Agent Information	•				
Name			To change the Registered Agent and/or		
HOWARN L. KUKER		Registered Office a separate statement signed by the new Registered Agent and			
Street Address (Do NOT Use P.O. Box Number		F00	executed by the President or Vice Presi-		
9200 S. Dadeland Boulev	rard, S	uite 508	dent of the corporation must be filed with		
City, State and Zip Code			a fee of \$3.		
Miami, Florida 33156					
. See signatui	re restric	tions under instructions on revers	se side d	of this form.	
I Certify That I Am An Officer of the Co 607 F.S. I further Certify That I Unders	rporation,	the Receiver or Trustee Empowered	to Execu	ite This Report as Required by Chapter	
yped Name of Signing Officer	Containing C	Title	c cante		
NOHEMY ALZATE		Secretary		Telephone Number 305-594-0002	
		Becretary			
goherny abate				12-18-98	
DO NOT WRITE IN THIS SPACE					