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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

147894

(0)

Principal Place	of Business	Mailing Address				
250 MINORCA AVE. CORAL GABLES FL. 33134		250 MINORCA AVE. CORAL GABLES FL. 33134				
	ace of Business	2a. Mailing Address				
Suite, Apt.	* elc	Suite, Apt. #, etc.				
22		27				
City & State)	City & State				
23		28				
Zip	Country	Ζιρ	Country			
24	9, Name and Address of Cui	rent Registered Agent	[30]			
AAA	ICASTERIR D		61 Nam			
	MINORCA AVE		82 Stree			
CO	RAL GABLES FL					
			83			
			84 City			
		0502 and 607.1508, Florida Statut				
SIGNATURE .	Signature, typed or printed name of registerou	Eagent and title if applicable (NOT	E. Registered Agent signat			
		agont and title if applicable (NOT	E. Registered Agent signate 13.			
12. TITLE	D OFFICERS		13. 1.1 TITLE			
12. TITLE NAME	D LANCASTER, JOSEPH P.	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME			
12. TITLE NAME STREET ADDRESS	D LANCASTER, JOSEPH P. 250 MINORCA AVE	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS			
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FILED Mar 04 1998 8:00am Secretary of State



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Principal Place	e of Business	Mailing Address			· · · · · · · · · · · · · · · · · · ·		#1#(1 (#B)
250 MINORCA AVE. Coral Gables FL. 33134		250 MINORCA AVE. CORAL GABLES FL. 33134		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
					07/19/1946		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	I An	olied For
21		26			59-0551703		Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.				□ \$8.75 A	
22		27		5. Certificate of Status Desired	Fee Re	quired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	Fees
—₁ ^{Ζiρ}	Country	Ziρ	Count	ry	8. This corporation owes or has p		1
24	g, Name and Address of Curren		30		Personal Property Tax due Jun 10. Name and Address of New R		No
		r valiereren vilair		1 Name	10. Name and Address of New H	agistelen Kgent	
	VCASTER,R D		Ľ	110000			
250 MINORCA AVE				2 Street Address (P.O. Box Number is Not Acceptable)			,
CO	ral gables fl		8	3			
			L				
			8	4 City		FL 85 Zip C	ode
11. Pursuant I	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-named c	orporation submits this statement for the oration's board of directors. I hereby acce		registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was au ations of Section 607,0505, Flor	uthorized l rida Statut	by the corpo	oration's board of directors. I hereby acce	ept the appointment as i	egistered
SIGNATURE			Total Oranio				
SIGNATORE	Signature, typed or printed name of registeroit age		Registered A	gent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TITLE	D	DELETE	1.1 TITLE			☐ Change	Addition :
NAME	LANCASTER, JOSEPH P.		1.2 NAM				
STREET ADDRESS	250 MINORCA AVE			ET ADDRESS			į.
CITY-ST-ZIP	CORAL GABLES FL	DELETE	1.4 CITY			Change	Addition
TITLE	DP	☐ DECETE	2.1 TITLE			☐ Cusude	TT VOULDIE
NAME	LANCASTER, R D 250 MINORCA AVE		2.2 NAM	i			1
STREET ADDRESS	CORAL GABLES FL			ET ADDRESS			
CITY-ST-ZIP TITLE	VD	DELETE	2. 4 City 3.1 Title	-ST-ZIP		Change	L. Addition
NAME	LANCASTER. B E		3.2 NAM	- 1			
STREET ADORESS	250 MINORCA AVE			ET ADDRESS			ļ.
CITY-ST-ZIP	CORAL GABLES FL		3.4. CITY				1
TITLE	OOM WELLOTE	DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	_E			_
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				. 1
TITLE		DELETE	5.1 TITLE			Change	Addition.
NAME			5.2 NAM	E	•		
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAM	ŧ [
STREET ADDRESS			6.3 STRE	et aodress			
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			

14. I hereby certify 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 supplemental 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 12 or Block 13 if changed, or or an attagramment with an address.

SIGNATURE:

2/24/98/4466058