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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Søndra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 163982

(2)

372 SOUTH DR MIAMI SPRINGS FL 33166	372 SOUTH DR Miami Springs Fl 33166			

FILED Jan 16 1998 8:00am Secretary of State

Principal Plac 372 SOUTH D MIAMI SPRINC	3S FL 33166 Place of Business	Mailing Addres 372 SOUTH DR MIAMI SPRINGS 2a. Mailing Add 26 Suite, Apt. #	FL 33166			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/08/1951 4. FEI Number 59-0980396 Not Applied For Not Applicable \$8.75 Additional
22 27			, 0.0.			5. Certificate of Status Desired Fee Required
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	7(p	ļ.,,	Country		8. This corporation owes or has paid the current year Intangible
24	25 Name and Address of Curre	29	30	·		Personal Property Tax due June 30. Yes No No No No No
	- 	Sitt Hogistolda Agent		81	Name	10, Nume and Address of Now Hogistoles Agent
	RAMA, RICHARD					
	? SOUTH DR MI SPRINGS FL 33166			82	Street A	address (P.O. Box Number is Not Acceptable)
MIA	AMI STRINGS PL 33100			83		
				84	Carr	or 7 Ords
				64	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Flor	ida Statutes, t	he above	named c	corporation submits this statement for the purpose of changing its registered oration's board of directors. I horeby accept the appointment as registered
agent La	nm familiar with, and accept the obti	gations of, Section 607	.0505, Florida	Statutes	· · · ·	oration a board or directors. Thereby accept the appointment as registered
SIGNATURE						
10	Signature, typed or printed name of registered a	ngen; and tile if applicable ND DIRLCTORS	(NOTE: Bog		nt signature n	equired when reinstating) DATE ADDITIONS (CHANGES TO DEFIDE BEAND DIRECTORS IN 13)
12.	VD OF TOTAL A		ELETE	13. 1.1 Title		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	STRAMA, THOMAS			12 NAME		
STREET ADDRESS	7 PINEWOOD CIRCLE			13 STREET	ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77024			1.4 C/TY - ST		
TITLE	PD		CLETE	2.1 TITLE		Change Addition
NAME	STRAMA, RICHARD			2.2 NAME	Ì	
STREET ADDRESS	372 SOUTH DR			2.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL			2. 4 CITY-S	1-2IP	
TITLE	\$	0	LLETE	3 1 HTLE		☐ Change ☐ Addition
NAME	ŝtrama, Brenda			3.2 NAME	ĺ	
STREET ADDRESS	7 PINEWOOD CIRCLE		Į	3.3 STREET	ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77024			3.4. CITY - 5	J- 71P	
TITLE	<u> </u>	n 🗀		4.1 TITLE		Change Addition
NAME	STRAMA, NANCY			4. 2 NAME	ł	
STREET ADDRESS	372 S DRIVE			4.3 STREET	- 1	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166			4 4 C 1Y - S1	-7IP	Change Addition
TITLE		LD	1	5 1 TITLE	{	Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET		
CITY - ST - ZIP				5.4 CITY - ST	- ZIP	Change Addition
TITLE				6.1 111(E		Li Change () Abbillon
NAME CERTIC ADDRESS				6.2 NAME	LDDDC20	
STREET ADDRESS				6.3 STREET	1	
CITY-ST-ZIP				6.4 CITY-ST	- ZII'	

14. Thereby 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 cortify 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 of or an attachment with an address.

4/1/98

(305) 888-3794