## 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

DOCUMENT #

(4)

65 S DIXIE HWY MI FL 33157
Mailing Address
Suite, Apt. #, etc.

**FILED** Mar 31 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualified

06/11/1956 4. FEI Number

59-0788556

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Zip	Country	Zιρ	Coun	try	8. This corporation owes or has paid to	the current year Int	angible	
24	25	29	30		Personal Property Tax due June 30		] No	
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent								
HOFFMAN, LARRY J.					Э			
1221 BRICKELL AVENUE				2 Street	t Address (P.O. Box Number is Not Acceptable)	<del></del>		
MIAMI FL 33131				000.	, rida coo (c.e. bek rumes, ie not rieseptable)			
				3				
				4 City		log 7:0	Code	
				City		FL  85   Zip (	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  OATE								
				igent signatur	re required when reinstating)  ADDITIONS/CHANGES TO OFFICER	DATE	IC (N. 10	
TITLE	EVP OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICER	Change	Addition	
NAME	BUTTAFUOCO, RICHARD	DE DELEGIE	1.2 NAM		}	Oriengo	1.3011(01)	
STREET ADDRESS	16165 S DIXIE HWY			ET ADDRESS				
1	MIAMI FL		1				j	
CITY-ST-ZIP TITLE	P P	DELETE	2.1 TITL	- ST- ZIP	0/0	Change	Addition	
NAME	DASCAL, CHARLES		2.2 NAM		192	Z_F change		
STREET ADDRESS	1801 SW FIRST STREET			ET ADDRESS			1	
· \	MIAMI FL		1	-ST-ZIP			{	
CITY-ST-ZIP TITLE	S	DELETE	3.1 TiTL		(1)	Change	Addition	
NAME	HOFFMAN, LARRY J	<b>_</b>	3.2 NAM		3/0	<b>—</b>		
STREET ADDRESS	1221 BRICKELL AVE		1	et address			. 1	
CITY-ST-ZIP	MIAMI FL			'- ST - ZIP			}	
TITLE	ACFO	DELETE	4.1 TITL		AS	☐ Cha∩ge	Addition	
NAME	HILTON, JOHN		4. 2 NAM	1E	117	_	1	
STREET ADDRESS	16165 S. DIXIE HWY		4.3 STR	ET ADDRESS			}	
CITY-ST-ZIP	3 4 4 4 4 5° 1		4.4 CITY	- ST - 7/P				
TITLE		DELETE	5.1 TITL		PICEO/D	Change	Addition	
NAME			5.2 NAM	E	VILLAMANAN MANUEL		}	
STREET ADDRESS			5.3 STR	ET ADDRESS	VILLAMANAN, MANUEL 16165 S. DIXIE HWY			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP	MIAMI, FL		ł	
TITLE		DELETE	6.1 TITL			Change	☐ Addition	
NAME			6.2 NAM	Ε			į	
STREET ADDRESS			6.3 STRE	ET ADDRESS			1	
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 carried by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it mannes to on an attack ment with an address.								