## 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 #

(3)

## **FILED** Mar 16 1998 8:00am Secretary of State

HAHHII	NGTON & COMPANY, INC.							
Principal Plac	ce of Business	Mailing Address	Mailing Address			- I TOTTIFO ARANG FOTOT TOLOGO FALOT OLARF LOAR OLDAF OLDAL OLDAL OLDAL OLDAL OLDAL		
P. O. BOX 01	43901	P. O. BOX 013901	P O BOX 013901					
899 S AMERI MIAMI FL 331	ICA WAY	899 S AMERICA WAY	899 S AMERICA WAY			DO NOT WRITE IN THIS SPACE		
MIAMITE OF	101	MIMMI FL GJIVI	MIAMI FE 33101			3. Date Incorporated or Qualified		
						11/02/1965		
· ·	Place of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number Applied For		
21	# Tag	26				59-1107657 Not Applicable		
Suite, Apt.	·	Suite, Apt. #, etc.	27			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		City & State	}			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip				8. This corporation owes or has paid the current year Intangible		
24	25 29		30			Personal Property Tax due June 30.  Yes  No		
<u> </u>	g. Name and Address of Curre	int Registered Agent		_ 	••	10. Name and Address of New Registered Agent		
1	ARRINGTON,N L		81	1	Name			
	9 <b>S am</b> erica way Ami <b>F</b> L 33132		82	2	Street Addres	ss (P.O. Box Number is Not Acceptable)		
MIAMI FL 33132				3	<del> </del>			
			84	4	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								
12.	Signature, typed or printed name of registered ap OFFICERS AN	gent and title if applicable (NOT ND DIRECTORS	TE: Registered A	geni	il signature required ,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	· DELETE	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition		
NAME	STINSON, LOUIS J		1.2 NAME	E				
STREET ADDRESS		D., #305	1.3 STREET ADDRESS		DORESS	0.2		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP		- ZIP			
TITLE	CO	☐ DELĒT <b>Ē</b>	2.1 TITLE	-		Change Addition		
NAME	HARRINGTON,N L		2.2 NAME			•		
STREET ADDRESS	***************************************			2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FLORIDA 00000	DELETE	2. 4 CITY		-21P	☐ Change ☐ Addition		
TITLE NAME	VPD	רון הבתבור	3.1 TITLE	3.2 NAME		C change C wondow		
STREET ADDRESS			3.2 NAME 3.3 STREE		INDRESS.			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-					
TITLE	AS	☐ DELETE	4.1 TITLE		-211	☐ Change ☐ Addition		
NAME	COLERO, LUCIA		4. 2 NAMI	IE				
STREET ADDRESS		99 S AMERICA WAY 43		et ac	ADDRESS			
CITY-ST-ZIP	MIAMI FL			-\$1-	- ZIP			
TITLE		☐ DELETE	5.1 TITLE	:		Change Addition		
NAME			5.2 NAME	E				
STREET ADDRESS			5.3 STREE	et ac	.DDRESS			
CITY-ST-ZIP	Total Control		5.4 CITY-	_	- ZIP	Change		
TITLE			6.1 TITLE			Change Addition		
NAME CORET ADDRESS	oree .			6.2 NAME 6.2 STREET ADDRESS				
STREET ADDRESS			1					
CITY-ST-ZIP	certify that the information supplied i	with this filing does not qualify f	for the exemi	ntic	on stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated officer or Block 12	on this annual report or supplement director of the corporation or the re- or Block 13 if changed, or on ap attr	al annua report is true and acresiver or fusion empowered to achiment with an address.	ourate and the execute this	hat s re	my signature apprt as requir	shall have the same legal effect as if made under oath; that I am an red by Chapter 607, Florida Statutes; and that my name appears in		