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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

FILED Apr 08 1998 8:00am Secretary of State

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Principal Plac	Mailing Add	Mailing Address				1 140(1) 0190(110(0)(0 110(0 110(0 110(0 110(0 110(0 110(0 110(0 110(0 110(0 110(0 110(0)(0 110(0)(0 110(0)(0 110(0)(0 110(0)(0 110(0)(0 110(0)(0 110(0)(0 110(0)(0 110(0)(0 110(0)(0 110(0)(0 110(0)(0 110(0)(0 110(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)(0)))) B(B(C)		
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3011 5W14 St 3314V - Meame					1141	ŊH		DO NOT WRITE IN THIS SPACE			
Mame Bl 3314V - meame					Slazur			3. Date Incorporated or Qualified			
ma.	me on	2219V	- me	am	a	27	171	11/06/1972			
2. Principal Place of Business 2a. Mailing Address								4. FEI Number		Ar	oplied For
21 26								59-1425931		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		•	Additional	
City & Stat	е	City & St	City & State				6 50000 50000			equired	
23			28				Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added 1		
Zip			Zip Coi			у	~~~	8. This corporation owes or has pai			
24	25		29	ľ	30			Personal Property Tax due June		· -] No
		ddress of Curre	nt Registered Age	ent				10. Name and Address of New Re-	gistered Aç	jent	
	AZ,ANTONIO F.				81	I Na	ame				
3011 SW 14TH ST.					82	Str	eet Addre	ss (P.O. Box Number is Not Acceptab			
ML	AMI FL 33145										
					83	1					
					84	Cit	ly .			85 Zip (Code
44 Purcuant	to the provisions of	Sections 607.050	12 and 607 1509 F	loride Ctatuta	s the show	<u></u>			FL		
office or r	egistered agent, or	both, in the State	of Florida, Such c	hange was a	ithorized t	y the	corporation	pration submits this statement for the pon's board of directors. I hereby accep	orpose or contract the appointment	nanging it ntment as	registered registered
agent. i a	m familiar with, and	accept the oblig	ations of, Section (607.0505, Fioi	ida Statute	98.					
SIGNATURE	Signature, typiod or printe	diname of registered age	eet and title if applicable	(NOTE	Registered Ad	ent sig	nature required	d when reinstating	DATE	 	
12.			ID DIRECTORS		. 13.			ADDITIONS/CHANGES TO OFFIC		IRECTOR	RS IN 12
TITLE	PD			DELETE	1.1 TITLE					Change Ch	Addition
NAME	DIAZ,ANTONI				1.2 NAME		1_	anced AA			
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CITY-ST-ZIP	MIAMI-FL	17-			2.3 STREE			77000 7700	2111		
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STREET ADDRESS					3.3 STREE		ESS				
CITY-ST-ZIP					3.4. CITY]
TITLE				DELETE	4.1 TITLE					Change	Addition
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CITY-ST-ZIP					4.4 CITY-	ST-ZIP					
TITLE			C	DELETE	5.1 TITLE					Change	Addition
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TITLE			L] DELETE	6.1 TITLE		!		L	Change	Addition
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