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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1	JMENT # 43880 II BUILDING AND INVESTME				
Principal Place of Business Mailing Address				{ 1 140011 01000 11144 (014) (0111 0111 0111 010) 018) (ITALI EITH DION CION CION IOD)
170 NORTH-EAST SEVENTY-MINTH ST. MIAMI FL 33136 US		170 NORTHEAST SEVENTY-MINTH ST. MIAMI FL 33138 US		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	ĺ
2 Princina	I Place of Business	2a. Mailing Address		10/25/1973 4. FEI Number	Applied For
21		26		59-1493208	Not Applicable
Suite, Apt. #, etc		Surte, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	<u> </u>	28	1 6 1	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Curre	29 ent Registered Agent	[30]	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes L No
	CRUZ (MANUEL)	Allerent Allerent	81 Name	19. stanta and services of item stolistes	gwith
	2370 SW 22ND TERRACE				
MAMI FL 33145			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
,	Manuri E 00 140		83		
			84 City		last Zin Codo
			1		85 Zip Code
11. Pursual office o agent. I	nt to the provisions of Sections 607.05 or registered agent, or both, in the Stat Lam familiar with, and accept the obli	502 and 607.1508, Florida Stati te of Florida. Such change was igalions of, Section 607.0505, F	utes, the above-named cor authorized by the corpora lorida Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATUR	E				
	Signature, typed or printed name of registered a		DIE Registered Agent signature réqu		
12.	P	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	IND DIRECTORS IN 12 Change Addition
NAME	CRUZ, MANUEL	precit	1.2 NAME		
STREET ADDRES			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000 ラン/ Y		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME	<i>i</i>	
STREET ADDRES	s		2.3 STREET ADDRESS		
CITY - \$T - ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRES	s (3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	34. CITY+ST-ZIP		Change Addition
NAME			41 TITLE	•	CONTRACT CONTROL
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	~]		4.4 City-St-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	s		5.3 STREET ADDRESS		Į
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME	1		6.2 NAME		
STREET ADDRES	s		6.3 STREET ADDRESS		
CITY-ST-ZIP	1		6.4 CITY-ST-ZIP		i

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 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 on an attachment with an address.

FILED

May 12 1998 8:00am

Secretary of State