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 #

(5)

rincipal Place of Business	Mailing Addross		
P.O. BOX 140668 CORAL GABLES FL 33114-0668	P.O. BOX 140668 CORAL GABLES FL 33114-0668		
	· · · · · · · · · · · · · · · · · · ·		
. Principal Place of Business	2a. Mailing Address		
Suite, Apt #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.		
2. Principal Place of Business Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27 City & State		
Suite, Apt. #, etc. City & State	26] Suite, Apt. #, etc. 27] City & State		
Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27		

FILED May 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/16/1975 Applied For 59-1635703 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name M.J.F. REGISTERED AGENT CORP. 153 **SE**VILLA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City 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. Thereby accept the appointment as registered

agent. I am familiar with, and accept the obligations of. Section 607.0505, Florida Statutos.					
SIGNATURE Signature, typed or product came of registered agent and tree if applicable (NOTE Registered Agent signature required when revisitating) DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDS DELETE	1.1 TITLE	Change Addition		
NAME	LABARRE, GREGORY	12 NAME			
STREET ADDRESS	2828 CORAL WAY STE 103	1.3 STHEET ADDRESS			
CITY-ST-ZIP	MIAMI FL	1.4 C(1Y - S1 - Z(P			
TITLE	DELETE	2.1 TITLE	Change Addition		
NAME		22 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY - ST - ZIP			
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition		
NAME		32 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY - \$1 - 7IP			
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition		
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 C(1) Y - \$1 - Z(P			
TITLE	[] DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY - \$1 - ZIP			
THILE	[] DELETE	61 TITLE	☐ Change ☐ Addition .		
NAME :		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY - \$1 - ZIP			

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 logal 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, or on an attachment with an address.

4-28-98

305-443-1222