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 # 504779

(0)

MIGUEL A. GUZMAN, C.P.A., P.A.

,,

Principal Place of Business

Mailing Address

FILED Apr 23 1998 8:00am Secretary of State



11211 PROSPERITY FARMS RD.#102 PALM BCH GARDENS FL 33410				11211 PROSPERITY FARMS RD.#102 PALM BCH GARDENS FL 33410							DO NOT WILL	TE IKI TKII	C CDACE		
										3.	DO NOT WRI' Date Incorporated or Qualified 06/03/1976		STACE		
2. Principal Place of Business					2a. Mailing Address					4.	FEI Number			Apr	olied For
21				26							59-1902410		-	+	Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					· · · · · · · · · · · · · · · · · · ·	+			\$8.7	-	dditional
22				City & State					<u> </u>	Certificate of Status Desired		Fe	e Re	quired	
City & State				<u>├</u>						6.	Election Campaign Financing				May Be
Zip Country				Zip Country					_	Trust Fund Contribution	<u> L.J</u>			Fees	
–	25			29 30			Country	·····			This corporation owes or has personal Property Tax due Jui		currentyea ✓ Yes	_	ngibie No
24			ss of Current		red Agent	30			····		Name and Address of New I				140
			DO OF CUITORS	i i og i ott			81	П	Name	10.	7,0110 210 7,00100 01 110 1	108.01010	<u> </u>		
	ZMAN, MIG		N. 65 ALUT	- 400											
11211 PROSPERITY FARM RD, SUIT					: 102			82 Street Address (P.O. Box Number is Not Acceptable)							
PALM BCH. GARDENS FL 33410								83							
							84	L	City				los	Zip C	ode
							64	Ι'	City			F		zip C	ode
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 o	or printed name	of regeleted agent	and the if	appt cable ((NO?E Regis	stered Age	90L I	s-gnature requir	irod when	reinstating)	DATE			
12.		Ol	FFICERS AND	DIRECT			13.			<i>F</i>	ADDITIONS/CHANGES TO OFF	ICERS A			
TITLE	PD				DELET e	1	L1 TITLE						Char	ige	Addition
NAME	Guzman	1, MIGUEL	. A .			1	1.2 NAME								
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NAME							i.2 NAME		ł						
STREET ADDRESS							3.3 STREET	וא	DORESS						
CITY-ST-ZIP	4						6.4 CITY- S								
14. I hereby c	ertify that the	information	n supplied with	this file	ng does not qualit	ify for the	exemp	tio	n stated in	Sectio	on 119.07(3)(i), Florida Statutes	. I further	certify that	the	nformation
											It have the same legal effect as by Chapter 607, Florida Statute				

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