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

	MENT # 50520 D PRIX RACE-O-RAMA, IN	` '				
Principal Place of Business Mailing Address					RIBIT ATOM ATOM ASBIT TOUS	
1801 NW FIRST STREET DANIA FL 33004		1801 NW FIRST STREET DANIA FL 33004			DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified 06/16/1976	
2. Principal Place of Business		2a. Mailing Addres	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-1410998	Not Applicable
Suite, Apt. #, etc		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Star	City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7ip 29	30 Cc	ountry		Yes No
	9. Name and Address of Cu IAVEDRA, DAMASO W., ESQL	··		81 Name	10. Name and Address of New Registered	Agent
FT	ID FLOOR LAUDERDALE FL 33316 to the provisions of Sections 607 registered agont, or both, in the San familiar with and account the of	0502 and 607.1508, Florida tate of Florida, Such change bliculions of Section 607.05	Statules, the was authorize 05. Florida Sta	83 84 City	FL orporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	85 Zip Code changing its registered ointment as registered
SIGNATURE						
	Signature, typed or printed name of registeries	AND DIRECTORS			equired when reinstaling) DATE	DIDEOTODO III 40
12.	T VST	DILE	13.	TITLE T	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	ROSS, JULES	b(cc		NAME		CT Olivide Em Modiful
STREET ADDRESS	1500 NW FIRST STREET S	SUITE 1-C		STREET ADDRESS		
CITY-ST-ZIP	DANIA FL		1	CITY-ST-ZIP		33nnL
TITLE	PD	DELE		THILE		Change Addition
NAME	MOGERMAN, IRWIN	- 		NAME		-
STREET ADDRESS	1500 NW FIRST STREET S	SUITE 1-C	2.3	STREET ADDRESS		•
CITY-ST-ZIP	DANIA FL			CITY-ST-ZIP		33004
TITLE		DELE		TITLE		Change Addition
NAME	l		3.21	NAME		
STREET ADDRESS]		3.3	STREET ADDRESS		
CITY-ST-ZIP			3.4.	CITY-ST-ZIP		
TITLE		DELE	TE 4.1	TITLE		Change Addition
ALE S OF	1		1 4 2	ADADAT I		

6.4 CITY-ST-ZIP CITY-ST-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 legal effect as if made under oath; that I am an officer or director of the corporation of the Revier or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an attachment with an address.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST- ZIP

4 4 CITY- ST-ZIP

51 TITLE

5 2 NAME

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

DELETE

DELETE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

FILED

Mar 10 1998 8:00am

Secretary of State

☐ Addition

Addition

Change