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 # 50859 BEAN LAND SURVEYORS,				
Principal Place	e of Business	Mailing Address		I 188101 0111 00101 16101 01110 1611 0110 1611 0111 01	DIA DABAH BUDAH DABAH DIBIH TODU
12750 S.W. 2	ISTH TERR.	12750 SW 25TH TER			
MIAMI. FL 33175 MIAMI.F L 33135			DO NOT WRITE IN THIS	SPACE	
US				3. Date incorporated or Qualified	
				06/04/1976	
2. Principal Pi	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	A .1-	26		59-1702984	Not Applicable
Suite, Apt.	#, GIC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
27				6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the ci	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
	nega,, walter e		81 Na	ame	
12750 S.W. 25TH TERR.			82 Str	reet Address (P.O. Box Number is Not Acceptable)	
MI	AMI FL 33175		83		
			84 Cit	rity F1	85 Zip Code
SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblining stype of remote have of registered as			med corporation submits this statement for the purpose corporation's board of directors. I hereby accept the approximation of the purpose of	of changing its registered pointment as registered
12.	OFFICERS AF	ND DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P\$	DELETE	1.1 TITLE		Change Addition
NAME	VENEGA, ELIA		1.2 NAME		
STREET ADDRESS	12750 SW 25TH TERR		1.3 STREET ADDR		
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE NAME	vpt Venega, Leonardo	C DECENT	2.1 TITLE 2.2 NAME		Fin Cularine Fin Manufacture
STREET ADDRESS	12750 SW 25TH TERR		2.3 STREET ADDRI	arce	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		
TITLE	SASH SILLS & -	DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRI	RESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	P	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDA		
CITY-ST-ZIP TITLE		DEL E TE	4.4 CITY-ST-ZIP 5.1 TITLE	,	Change Addition
NAME		D.C.	5.2 NAME	· 1	_ change _ restroit
STREET ADDRESS			5.3 STREET ADDR	RESS	
CITY-ST-ZIP			5.4 CITY - ST- ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRE	RESS	
C/TY-ST-7IP			64 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 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 attactiment with an address.

04/20168

FILED

May 19 1998 8:00am

Secretary of State