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**

FILED Jan 28 1998 8:00am Secretary of State

1. Corporatio		0000	2	(4)					
Principal Plac	e of Busines	ss .	Mailir	Mailing Address			ı indişə billi dalar bildi atdın bibi dibil dibi	II WEBEL WINGI WII	611 81811 18 9 1
1711 WEST 40 STREET #3			171	1711 WEST 40 STREET #3					
HIALEAH FL	33012		HIA	HIALEAH FL 33012			DO NOT WRITE IN THIS	CDACE	
							3. Date Incorporated or Qualified	OF AUL	
							01/01/1979		
2. Principal P	lace of Busi	ness	2a, Mailing Address				4. FEI Number	1 ΙΔι	oplied For
21				26			59-1878860		ot Applicable
Sulte, Apt. #, etc.				Suite, Apt #, etc.					Additional
22			27	27			5. Certificate of Status Desired	Fee Ro	equired
City & Stat	6		C	City & State			6. Election Campaign Financing	\$5.00	May Be
23			28	····			Trust Fund Contribution		
Zip	Country		Zi	Zip Cou		1	8. This corporation owes or has paid the cu		
24	9. Name and Address of Current		29		30				No
			nt Hegister	ea Agent	B1	Name	10. Name and Address of New Registered	Agent	
		ULIO FEBRES				Ivallic			
	0 S.W. 123					Street Address (P.O. Box Number is Not Acceptable)			
MI	AMI, 33184	•							
					83				
					84	City	FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the						e-named cor	poration submits this statement for the purpose of	f changing it	ts registered
office or r	egistered ac	gent, or both, in the State ith, an d a ccept the oblig	e of Florida.	Such change was	authorized b	y the corpora	ation's board of directors. I hereby accept the app	ointment as	registered
	illiagifillici yy	itii, ari u a ccept trie obilg	ations of, o	00.0300, 11	onda Statule	3 .			
SIGNATURE	Stonalure, lyped	or printed name of registered ag-	ent and bile if a	pplicable (NO	TE Registered Ag	ent signature requ	uired when reinstating) DATE		
12.		OFFICERS AN	ID DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PD			☐ DELETE 1.1 T				☐ Change	Addition
name	WHAT AND ADDITIONS			1.2 NAME					
STREET ADDRESS	Adiabat Pt			1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP	IMAIM	<u> </u>				ST-ZIP		770	A delication
TITLE	STD MADIA FERRE			☐ DELETE 2.1 T				Change	Addition
NAME		RO, MARIA FEBRES		2.2 N					
STREET ADDRESS	AMARA PI					ADDRESS			
CITY-ST-ZIP	MICHNII	<u>rt</u>		DELETE 3.1 T		ST-ZIP		Change	Addition
TITLE				3.1 N				Uniong Change	
NAME CORECT ADDRESS	ce l					ADDRESS			
STREET ADDRESS					3.4. CITY-				
CITY-\$T-ZIP TITLE	- 			DELETE 4.1 T		11.711		Change	Addition
NAME					4. 2 NAME				
STREET ADDRESS					4.3 STREET	ADDRESS			
CITY-ST-ZIP					4.4 CiTY - 5				
TITLE				DELETÉ 5.1 TIT				☐ Change	Addition
NAME					5.2 NAME				
STREET ADDRESS					5.3 STREET	ADDRESS			
CITY-ST-ZIP					5.4 CITY - 5				
TITLE				☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME					6.2 NAME				
STREET ADDRESS					6.3 STREET	ADDRESS			
CITY-ST-ZIP					6.4 CITY - 5				
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the information of the second second to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the second second accurate and that my signature shall have the same legal effect as if made under oath; that I am an information of the second second in the second indicated on this annual report or supplindicated on this annual report or supplindicated or director of the emperation of Block 12 or Block 13 if changed, or on