## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 14 1998 8:00am
Secretary of State

DO011			~		
DOCU 1. Corporatio	MENT # 64489	94 (8)			
EXIT IN	I WHITE OF THE FALLS,	INC.			
					<u> </u>
Principal Plac	e of Business	Mailing Address			011 31 011 \$40 11 \$10 11 010 11 10 bl
8888 HOWAR		2700 BISCAYNE BLVD			
MIAMI FL 331 US	176	MIAMI FL 33137-1534		DO NOT WRITE IN THE	S SPACE
US				3. Date Incorporated or Qualified	B OT FIGE
				11/13/1979	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2007239	Not Applicab \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
	25	29	30	This corporation owes or has paid the corporation owes or has paid the corporate Tax due June 30.	current year Intangible  Yes No
	g, Name and Address of Cur			10. Name and Address of New Registers	d Agent
	itz, ruben		81 Name		
	00 BISCAYNE BLVD		82 Street Add	dress (P.O. Box Number is Not Acceptable)	<del></del>
MI	AMI FL 33137		63		
			84 City	F	85 Zip Code
<ol> <li>Pursuant office or r</li> </ol>	to <b>the</b> provisions of Sections 607.0 registered agent, or both, in the St	0502 and 607.1508, Fl <b>orida Sta</b> tate of Florida. Such ch <b>ange w</b> a	tutes, the above-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registere
	Signature, typed or printed name of trey served	Agent and tole if applicable (N	lutes, the above-named cor is authorized by the corpora Florida Statutes.  ICH Higgstered Agont signature requ		
SIGNATURE	Signature, typed or prehed name of registered OFFICERS.	Lagent and total displicable (N	IOTE Registered Agent signature requ	·	ND DIRECTORS IN 12
SIGNATURE  12.  TITLE	Signature, typied or project name of tray secret  OFFICERS.	Agent and tole if applicable (N	13.  11 Hittp	uired when reinstailing) DATE	
SIGNATURE  12.  TITLE  NAME	Signature, typed or prehed name of registered OFFICERS.	Lagent and total displicable (N	IOTE Registered Agent signature requ	uired when reinstailing) DATE	ND DIRECTORS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or project name of tray seried OFFICERS, SD MATZ, GLADYS	Lagent and total displicable (N	ICOLE Registered Agent signature requ 13. 11 TITLE 12 NAME	uired when reinstailing) DATE	ND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typical or product name of tray shared  OFFICERS.  SD  MATZ, GLADYS  8877 COLLINS AVE  MIAMI BCH FL  PD	Lagent and total displicable (N	13. 11 Till F 12 NAME 13 STREET ADDRESS	uired when reinstailing) DATE	ND DIRECTORS IN 12
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14. I hereby 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 suppliemental annual peport 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 recover or tribled 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 article with in address.

CIONATURE.

Pulsar MATT

1/28/98 305/153-831