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

**PROFIT CORPORATION** ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** #

(7)

Principal Place of Business  3164 N.W. 72ND AVE. MAMI FL 33122  32 DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/15/1980  34/15/1980  35-91988017  Applied For Not Applicable  59-1988017  Suite, Api #, etc. 27  28  27  29  20  21  21  21  22  27  20  20  20  20  20  20  20  20
MIMIN FL 33122    Minim FL 33122   Minim FL 33122   S. Date Incorporated or Qualified Out /15/1980   Out /15/1980
MIMM FL 33122    Minimum FL 33122   Minimum FL 33122   S. Date Incorporated or Qualified   O.4/15/1980
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Quelified 04/15/1980  4. FEI Number
Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For Sp. 1988017   Not Applicable
2. Mailing Address   2a. Mailing Address   5. Fe Number   Applied For Sp-198017   Not Applied For Sulte, April #, etc.   5. Certificate of Status Desired   \$8.75 Additional Fee Required   \$1.00 April #, etc.   5. Certificate of Status Desired   \$2.00 Address   \$3.75 Additional Fee Required   \$3.75 Additional Fee Requ
Suite, Apl. #, etc.    Suite, Apl. #, etc.
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, A
City & State  Country  Country  Country  Country  Country  Country  Entry  Country  Country  Entry
Trust Fund Contribution
Zip Country Zip Country Zip Country B. This corporation owes or has paid the cure fit year Intangible Personal Property Tax due June 30.
25 29 30 Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  FLORES, JUAN M. 303 CAMILO AVENUE  CORAL GABLES FL 33134  83  84 City  FL 85 Zip Code  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 agent, or brioth, in the State of Florida-State change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and incrept the obligations of Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  9 OF LICE SAND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P DIETE 11 TITLE  P Addition  MAME  FLORES, JUAN M.  12 NAME  STREET ADDRESS  303 CAMILO AVENUE  CORAL GABLES FL  DELETE 21 TITLE  DELETE 3 TITLE  DE
FLORES, JUAN M. 303 CAMILO AVENUE CORAL GABLES FL 33134  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 City Code  11. Pursuant to the provisions of Sections 6X7 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, or the State of Florida Statutes. Signature  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. Pursuant to the provisions of Sections 6X7 0505, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, or the State of Florida. Statutes despitations of, Section 607 0505, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY ST-2IP  15. STREET ADDRESS  16. STREET ADDRESS  16. STREET ADDRESS  17. STREET ADDRESS  18. STREET ADDRESS  19. Change Addition  10. Name and Address of New Registered Address (P.O. Box Number is Not Acceptable)  19. Street Address (P.O. Box Number is Not Acceptable)  19. Change Addition  10. Name and Address of New Registered Address (P.O. Box Number is Not Acceptable)  10. Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0505, Florida Statutes.  12. Date of Florida Statutes.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY ST-2IP  15. Change Addition  16. Change Addition  16. Change Addition
FLORES, JUAN M. 303 CAMILO AVENUE CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 Zip Code  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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and naccept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  12. OFFICE IS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P  ITTLE  P  ITTLE  P  ITTLE  P  ITTLE  P  ITTLE
303 CAMILO AVENUE CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607 05:02 and 607.15:08, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or bright, in the State of Florida Statutes.  SIGNATURE Signature bywelf of predictions of special predictions of special publicable. INDEL Begistered Agent signature required when reinstating)  12. OFFICE IS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  P  DELETE  1.1 TITLE  CORAL GABLES FL  DELETE  2.1 TITLE  DELETE  2.1 TITLE  Change Addition
CORAL GABLES FL 33134  83  84 City  FL 85 Zip Code  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 agent, or brith, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and independent and recept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature Ispective product forms of registered and third agents are the appointment as registered agent. In the corporation's board of directors. I hereby accept the appointment as registered agent, or third agents are the appointment as registered agent, or third, in the Statutes.  SIGNATURE  SIGNATURE  P
### City ### City ### City ### City ### City ### ### City ### ### City ### ### City ### ### ### ### ### ### ### ### ### #
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SIGNATURE   Signat
SIGNATURE
Significance by each of product frame of registration per and their applicable   NOTE   Registered Agent signature required when re-installing)   DATE
TITLE         P         DELETE         1.1 TITLE         Change         Addition           NAME         FLORES, JUAN M.         1.2 NAME         1.2 NAME         1.3 STREET ADDRESS         CITY-ST-ZIP         1.3 STREET ADDRESS         COPAL GABLES FL         1.4 CITY-ST-ZIP         1.4 CITY-ST-ZIP         TITLE         Change         Addition
NAME         FLORES, JUAN M.         1.2 NAME           STREET ADDRESS         303 CAMILO AVENUE         1.3 STREET ADDRESS           CITY-ST-ZIP         CORAL GABLES FL         1.4 CITY-ST-ZIP           TITLE         DELETE         21 TITLE         Change         Addition
STREET ADDRESS CITY - ST - ZIP TITLE  303 CAMILO AVENUE 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP TITLE  1.3 STREET ADDRESS 1.4 CITY - ST - ZIP TITLE  1.4 CITY - ST - ZIP TITLE  1.4 CITY - ST - ZIP TITLE  1.5 TRIEF ADDRESS 1.4 CITY - ST - ZIP TITLE  1.4 CITY - ST - ZIP TITLE  1.5 TRIEF ADDRESS 1.6 CITY - ST - ZIP TITLE  1.7 TRIEF ADDRESS 1.8 CITY - ST - ZIP TITLE  1.8 CITY - ST - ZIP TITLE  1.9 TRIEF ADDRESS 1.1 CITY - ST - ZIP TITLE  1.1 CITY - ST - ZIP TITLE  1.4 CITY - ST - ZIP TITLE  1.5 TRIEF ADDRESS 1.5 TRIEF ADDRESS 1.4 CITY - ST - ZIP TITLE  1.5 TRIEF ADDRESS 1.5 TRIEF ADDRESS 1.5 TRIEF ADDRESS 1.4 CITY - ST - ZIP TITLE  1.5 TRIEF ADDRESS 1.5 TRIE
CITY-ST-ZIP         CORAL GABLES FL         1.4 CITY-ST-ZIP           WITLE         DELETE         21 TITLE
TITLE DELETE 21TITLE Change Addition
NAME 22 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE 31TITLE Change Addition 32 NAME
CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change         Addition
NAME 4 2 NAME
STREET ADDRESS 43 STREET ADDRESS
CITY-ST-ZIP 44 CITY-ST-ZIP
TITLE DELETE 51 TITLE Change Addition
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY-SI-ZIP 54 CITY-SI-ZIP
TITLE DELETE 611TILE Change Addition
NAME 6.2 NAME
STREET ADDRESS
CITY-S1-ZIP 64 CITY-S1-ZIP

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 minual 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 rockyr 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 attachance with an address

SIGNATURE:

**FILED** 

Feb 17 1998 8:00am

Secretary of State