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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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FILED Feb 06 1998 8:00am Secretary of State

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SOUTHEAST FINANCIAL CENTER 38 38 38 38 39 39 39 39	ł			8	1 Name		·	
*** OS S. BISCAYNE BLVD. 50 FLOOR **** MIAMIN FL 33131 11. Pursuant to the provisions of Sections 517,0502 and 617,1508, Portida Statuties, the above-ramed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Portida, Such change was authorized by the corporation's board of directors. I hereby accept the exportment as registered office or registered agent, are similar with, and accept the obligations of, Section 617,0502, Portida Statuties, the above-ramed corporation's board of directors. I hereby accept the exportment as registered office or registered agent, are similar with, and accept the obligations of, Section 617,0502, Portida Statuties, the above-ramed corporation's board of directors. I hereby accept the exportment as registered office or registered agent, and accept the obligations of, Section 617,0502, Portida Statuties, the above-ramed corporation's board of directors. I hereby accept the exportment as registered office or registered agent, and accept the obligations of, Section 617,0502, Portida Statuties, the above-ramed corporation's board of directors. I hereby accept the exportment as registered diffice or registered agent, and accept the obligations of, Section 617,0502, Portida Statuties, the above-ramed corporation's board of directors. I hereby accept the exportment as registered diffice or registered agent, and accept the obligations of, Section 617,0502, Portida Statuties, the purposes of changing this registered diffice or registered agent, and accept the obligations of, Section 617,0502, Portida Statuties, the purposes of the provision of the purpose of				8:	2 Street	Addre	ss (P.O. Box Number is Not Acceptable)	
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11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Pordia Statutes, the above-named corporation submits this statement for the purcose of changing its registered office or registered agent, I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. OFFICERS AND DIRECTORS 15. INTEL TO 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. TO STREET ADDRESS 17. STREET ADDRESS 17. STREET ADDRESS 17. STREET ADDRESS 17. ST. 2P 17. ST.	™ MAMIFI		8	4 City		85 Zip Code		
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. MAME 2. MAME 2. MAME 3. STREET ADDRESS 4. CITY - 51 - 2P 4. CITY - 51 -	agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503, Florid	da Statute	∋s.			
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	14. I hereby o	ertify that the Information supplied wit	h this filing does not qualify for t	he exem	otion state	ed in S	ection 119.07(3)(i), Florida Statutes. I further certify that the information	

owered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in