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**

DOCUMENT #

(4)

NC.		
Principal Place of Business	Malling Address	
3900 NW 78TH AVENUE SUITE 219 MIAMI FL 33166	3900 NW 79TH AV ENU E Suite 219 Miami Fl 33166	
2. Principal Place of Business	2a. Mailing Address	

FILED Feb 24 1998 8:00am Secretary of State

F & F/FRAG/ NC:	A AND FEITO ARCHIT	ECTS AND	PLANNERS	, .		÷					
Principal Place of Business Mailing Address							i imbiimb iisi masis shass saasi musu s))) -	11 OFO 1 12 OF	
3900 NW 79TH AVENUE 3900 NW 79TH AVENUE											
SUITE 219 SUITE 219							DO NOT WRITE IN THIS SPACE				
Market 1 P 40144						3. Date Incorporated or Qualified					
		<u> </u>						12/03/1980		Т-	
2. Principal Place of Business 2a. Mailing Address								4. FEI Number			oplied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							59-2051871			ot Applicable Additional	
22 27							5. Certificate of Status Desired	3		equired	
City & State City & State							6. Election Campaign Financing		\$5.00	May Be	
28								Trust Fund Contribution			to Fees
Zip	Country	Zip		Cou	intry			8. This corporation owes or has pa			
24	25 ame and Address of Curren	29		30			j	Personal Property Tax due June 10. Name and Address of New Re			_] No
		ir Hedistelen v	rðaur		B1	Name		IV. Name and Address of New Ne	Aistalad	- Ageist	
FEITO, JO	79TH AVENUE										
SUITE 21					62	Street	Addres	ss (P.O. Box Number is Not Acceptat	ole)		
MIAMI FL					63						
***************************************					B4	City				85 Zip	Code
					_	•			<u>FL</u>	. 1 1	
 Pursuant to the prooffice or registere agent. I am familio 	rovisions of Sections 607.050 id agent, or both, in the State ar with, and accept the oblig	2 and 607.1508 of Florida. Suc ations of, Section	3, Florida Stat ute h change wa s a on 607.0505, Flo	es, the al authorized orida Stat	oove d by utes	named the con	corpor poratio	ation submits this statement for the parties accepts board of directors. I hereby accepts	ourpose of of the app	changing it ointment as	ts registered registered
SIGNATURE				<u>.</u>							
Signature.	typed or printed name of registered ago OFFICERS ANI		ble. (NOTE	Registered	d Age	nt signature	beriuper e	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECTOR	RS IN 12
TITLE PDS		Difficorono	DELETE	1.1 10	TLE		T			☐ Change	Addition
	-			1.2 N/	1.2 NAME						
	CONTROLLS			1.3 ST	1.3 STREET ADDRESS						
CITY-ST-ZIP MIA	14414 FL 00470 00F0			1.4 Cr	1.4 CITY-ST-ZIP						
TITLE	□ DELETE 21			2.1 10	2.1 TITLE					Change	Addition
NAME			22 N		2.2 NAME						
STREET ADDRESS				23 \$ T	REET	address					
CITY-ST-ZIP		· · ·	DELETE	2.40		IT-ZIP				Change	Addition
TITLE				3.1 Til 3.2 NA						CT Change	
NAME Street address						address					1
CITY-ST-ZIP				3.4. C							
TITLE			☐ DELET E	4.1 7/1				· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME				4. 2 N	AME		1				
STREET ADDRESS				4.3 ST	REET	address					
CITY-ST-ZIP				4.4 CI	TY-ST	T • ZIP					
TITLE			☐ DELET E	5.1 707	ΓLE		}			Change	☐ Addition
NAME				5.2 NA							
STREET ADDRESS						ADDRESS	1				
CITY-ST-ZIP			☐ DELETE	5.4 CI		T-ZIP	 			Change	Addition
TITLE			☐ NELEIE	6.1 TIT 6.2 NA						CT CHAILBE	ויין אטטונוטוי
NAME CIRCLE ADDRESS						ADDRESS					
STREET ADDRESS	1			6.4 CI							
CITY-ST-ZIP 14. I hereby certify th	at the information supplied w	ith this filing do	es not qualify fo	r the exe	mpt	ion state	ed in Se	ection 119.07(3)(i), Florida Statutes. I	further ce	rtify that the	information

The cause report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an accurate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address.

02 - 16 - 98

(305) 591-8006