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

CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

ASSA CORP.

(8)

|--|

FILED

Jun 11 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address	
8065 LOS PINOS CIRCLE CORAL GABLES FL 33143	8065 LOS PINOS CIRCLE CORAL GABLES FL 33143	

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/04/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2113332 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution \Box Added to Fees 23 28 Country Zip Country ŹŒ. 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SKRANDE, ADOLFO 8065 LOS PINOS CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33143 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05:02 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, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with land accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, type and princed name of regestered agent and title diapple about (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 HILE TITLE SKRANDE, ADOLFO 1.2 NAME NAME 8065 LOS PINOS CIRCLE 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33143** CITY-ST-ZIP 1.4 City - \$1 - ZIP DELFTE Addition Change 2.1 THILE TITLE SKRANDE, SUSANA A. 2.2 NAME NAME 8065 LOS PINOS CIRCLE STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABELS FL 33143** CITY-ST-ZIP 2. 4 CITY - S1 - ZIP DELLTE Addition TITLE 3.1 TOTALE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELITE ☐ Change Addition 41 Tille TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP City-St-ZiP DELETE Change Addition 5.1 MILE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C(1Y-S) ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6 4 CITY-\$1-ZIP CITY-ST-ZIP

14. Thereby 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 supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver 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 clignged, or on an attachment with an address

> 6/4/58 Susana strande Keer