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**

1. Corporatio	MENI In Name IU, INC	" 1 34000	0000002 (5))							
Principal Plac	e of Busines	s	Mailing Address				; (#Bit## iin# i#nit mi#ni #onit p#nit	Antil Balti Al	BEIL MASIE AMII) 38 () 3 (18)	
36 N.E. 1 ST	REET		36 N.E. 1 STREET								
SUITE 730			SUITE 730			į	DO NOT WRITE IN THIS \$PACE				
MIAMI FL 331	132		MIAMI FL 33132			<u> </u>	Date Incorporated or Qualifie		3 OF ACE		
						"	12/30/1993	•			
2. Principal P	lace of Busin	ness	2a, Mailing Address			4	12/00/1000 I, FEI Number	-		Applied F	or
21			26				11-3141491			Not Applic	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				Certificate of Status Desired	X	\$8.7	5 Addition	nal
22			27), Certificate of Status Desired	<u> </u>	Fee	Required	
City & Stat	e		City & State			6	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip		Country	Zip	Country	,		. This corporation owes or has	paid the c			
24		25	29	30		"	Personal Property Tax due Ju	•	Yes	□ No	-
7.1	g, Name	and Address of Current	Registered Agent			10). Name and Address of New	Registered	d Agent		
AD	LER, LESLI	E CPA		81	Name						
1320 S. DIXIE HWY #1061				Street .	Address ((P.O. Box Number is Not Accep	lable)				
CORAL GABLES FL 33146				83			A A M				
				84					Total :	Zin Codo	
								F	┕╵	Zip Code	
office or r	renistared ac	ient, or both, in the State.	2 and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, F	authorized by	the core	corporati poration's	on submits this statement for the board of directors. I hereby acc	ept the ap	of changir opointment	ig its regist as register	tered ered
SIGNATURE	Signature typed	or printed name of registered ager	if and title if applicable (NC	OTF: Registered Age	ent signature	required who	en reinstating)	DATE			
12.		OFFICERS AND		13.			ADDITIONS/CHANGES TO OF	CICCOD AN	ND DIREC'	(ORS IN 12	2
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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 supplemental annual 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 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 changed, or on an attachment with an address.

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FILED

Mar 13 1998 8:00am

Secretary of State