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

**PROFIT** COMPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(7)

dealed Disco of Duciness	Marking Adalage
Principal Place of Businoss	Mailing Address
470 BILTMORE WAY	470 BILTMORE WAY
MANTONIO F. HERNANDEZ	% ANTONIO F. HERNANDEZ
CORAL GABLES FL 33134	CORAL GABLES FL 33134

## **FILED** Jan 30 1998 8:00am Secretary of State



Principal Place	of Businoss	Mailing Address					HI BIBII BIBII BIB		A DIBIC 1881	
470 BILTMORE WAY  \$ ANTONIO F. HERNANDEZ  CORAL GABLES FL 33134  470 BILTMORE WAY  \$ ANTONIO F. HERNANDEZ  CORAL GABLES FL 33134					DO NOT WRITE	E IN THIS SPA	ACE			
						3. Date Incorporated or Qualified				
						08/31/1982				
·	ace of Business	2a. Mailing Address				4. FEI Number			pplied For	
21	water	Suite, Apt. #, etc.				59-2228309			ot Applicable	
Suite, Apt	27					5. Certificate of Status Desired			Additional equired	
City & State	State City & State					6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip Coi				8. This corporation owes or has paid the current year Intangible				
24	25	29	30			Personal Property Tax due June 30. Yes No				
	g, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	glstered Age	ent		
HEF	RNANDEZ, ANTONIO F.			B1 N	Name					
470 BILTMORE WAY			-	82 Street Address (P.O. Box Number is Not Acceptable)						
CORAL GABLES FL 33134		-	83							
					City		FL		Code	
11. Pursuant to office or re	o the provisions of Sections 607.050 ogistered agent, or both, in the State of tamilia with an accept the object	02 and 607.1508, Florida State of Florida, Such change was rations Section 607.0505.	utos, the ab authorized ⊶rida Stati	ove-na by th	amed corpo e corporati	oration submits this statement for the pon's board of directors. I hereby acce	ourpose of ch pt the appoin	ianging it itment as	is registered registered	
SIGNATURE	Signature, typed or printed name of requirementage	Nemand				1/23/9	98			
12.		ID DIRECTORS	13.	Ağeni s	ignature require	id when roinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DI	IDECTOR	20 INI 12	
TITLE	P&T	DELETE	1.1 100	F	$ \mathcal{P}$ :	5 7		Change	Addition	
NAME	HERNANDEZ, ANTONIO F.		12 NA		1	STANIA E. HERM			_	
STREET ADDRESS				ANTONIO F. HERNANDEZ  AFFIADDRESS 530 S.W. 122 AVENUE  IY-SI-ZIP MIAMIL FL 33184			_			
CITY-ST-ZIP	balance -			14 CHY-S1-ZIP //		JAMIS FL 33184	1			
TITLE	D	DELETE	217111		72.		. 7	Change	Addition	
NAME	HERNANDEZ, ANTONIO F.	<del></del>	2 2 NAM	AF.	AL	UTONIOF HEEN	ANDE	と		
STREET ADDRESS				EET ADD	IRESS A	an 5.00. 122AV	ENUC	5		
CITY-ST-ZIP	A 34 A 44 Set			2 4 CITY-ST-ZIP		30 5.W. 122AV	84			
TITLE	(VIII VIII )	DELETE	3.1 TUTO		<u>"                                     </u>			Change	Addition	
NAME			3.2 NAM				_	-		
STREET ADDRESS			3.3 STR		DRESS				ļ	
CITY-ST-ZIP				Y-S1-7						
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TiTL					Change	Addition	
NAME			4. 2 NA	Mi						
STREET ADDRESS			4.3 STH	EET ADD	DRESS					
CITY-ST-ZIP				/- ST - ZI	ŧ					
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NAME			5.2 NAN	1F					}	
STREET ADDRESS			5.3 S1H	EE1 ADD	DRESS				}	
CITY-ST-ZIP			5.4 CiTY							
TITLE		DELETE	6.1 TrTL					Change	Addition	
NAME			6.2 NAA	16						
STREET ADDRESS			63STR	EET ADO	JAESS					
			I							

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 of 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 effect ment with an address.