SH 47 Sec. of 150-

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

PROFIT CORPORATION

NAME

STREET ADDRESS

ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **! DIVISION OF CORPORATIONS**

DOCU 1. Corpora	JMENT # GAN	00445	>								
, 1	MESING IN CANA	*V 3 +VC									
Principal Pla	ace of Business	Mailing Ad	idess								•
	•		30.000					,			
^	1512 N/W) 18.) S+						DO NOT WR	TE NI TUIC	CDACE	
2513 NW 1835+						3	. Date Incorpor			SPACE	
	OPA LOCKA.	F101210	<u>711 32</u>	3056			· Date moorper				
	Place of Business	2a. Mailing				4	FEI Number	11 11	1/2		Applied For
Suite, Ap		26 Suite A	5 mue.				27-	dd 152	370		Not Applicable
22 •	<u> </u>	27	•			··· · · · · · · · · · · · · · · · · ·	. Certificate of 8	Status Desired -	<u> </u>		Additional Required
City & Sta	PA LOVIAN FL	City & S	State 3 Ame			6.	Election Camp Trust Fund Cor	-			O May Be d to Fees
Zip 3 3	Country DADE	Zip	3051	Country	a do	8.	This corporation				
24 3 3	1231 1	129		φ	HAVE			erty Tax due Jur			□ No
	9. Name and Address of Curren	Jr Hedistored WB	2 e⊓t	81	Name	10.	Name and Ad	dress of New !	Registered I	Agent	
(Q), _M		11					<u> </u>				
1111	MARO		2	82	Street	Address (F	P.O. Box Numbe	r Is Not Accept	able)		
	12010 12600	, Lanu	ما الله الله	83							
				1 1							
•	Mia mic Lake	50, 64K	orine	11	-01					T	
•	Miamic Lake	5, Ph	3014	84	Cily				FL	86 Zig	Code
11. Pursuant	In the provisions of Sections 607 050	2 and 607 1508 s	ろり14 Elovida Statutas	the above	named	corporatio	n submits this si	lalement for the	FL purpose of	changing	ite registered
Office of	•	2 and 607,1508, f of Florida. Such o	당 601년 Florida Statutes, change was auti	, the above horized by	-named the corp	corporatio	n submits this s loard of director	lalement for the	FL purpose of apt the appo	changing	ite registered
Office of	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	12 and 607,1508, f of Fiorida. Such a alions of, Section	Florida Statutes, change was auti 607.0505, Florid	, the above horized by da Statutés	-named the corp	ooration's b	oard of director	lalement for the s. I hereby acce	ept the appo	changing	ite registered
office or agent. I	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation and accept the obligation of the state	2 and 607,1508, i of Florida, Such of alions of, Section	Florida Statutes, change was auti 607.0505, Florid	The above horized by da Statutes.	-named the corp	required when	rainstaling)	s. I hereby acce	DATE	changing intment as	its registered s registered
office or agent. I SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state	22 and 607,1508, for Florida, Such cations of, Section in and life if applicable D DIRECTORS	Florida Statutes, change was auti 607.0505, Florid	the above horized by da Statutes. Registered Agent 13.	-named the corp	required when	oard of director	s. I hereby acce	DATE	changing changing intment as	its registered s registered RS IN 12
SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state	12 and 607, 1508, if of Fiorida. Such a ations of, Section on and life if applicable D DIRECTORS	Florida Statutes, change was auti 607.0505, Florid	the above horized by da Statutes. lagistered Apen 13.	-named the corp	required when	reinstating) ADDITIONS/CHI	ANGES TO OFF	DATE	changing changing intment as	its registered s registered RS IN 12
SIGNATURE 12. IITLE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state	12 and 607, 1508, if of Fiorida. Such a ations of, Section on and life if applicable D DIRECTORS	Florida Statutes, change was auti 607.0505, Florid (NOTE R	the above horized by da Statutes. Repistered Agen 13. 1.1 TITLE 1.2 NAME	named the corp	required when	reinstating) ADDITIONS/CHA	ANGES TO OFF	DATE SICERS AND	changing changing intment as	its registered s registered RS IN 12
SIGNATURE 12. IIILE NAME STREET ADDRESS	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state	12 and 607, 1508, if of Fiorida. Such a ations of, Section on and life if applicable D DIRECTORS	Florida Statutes, change was auti 607.0505, Florid (NOTE R	the above horized by da Statutes. 13. 1.1 TITLE 1.2 NAME	-named the corp of signature	required when	reinstating) ADDITIONS/CHI	ANGES TO OFF	DATE SICERS AND	changing changing intment as	its registered segistered
SIGNATURE 12. IITLE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state	12 and 607, 1508, if of Fiorida. Such a ations of, Section on and life if applicable D DIRECTORS	Florida Statutes, change was auti 607.0505, Florid (NOTE R	the above horized by da Statutes. Repistered Agen 13. 1.1 TITLE 1.2 NAME	-named the corp of signature	required when	reinstating) ADDITIONS/CHA	ANGES TO OFF	DATE SICERS AND	changing changing intment as	its registered segistered
SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state	12 and 607, 1508, if of Fiorida. Such a ations of, Section on and life if applicable D DIRECTORS	Florida Statutes, change was auti 607.0505, Florid (NOTE R	the above horized by da Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET / 1.4 CITY-ST	-named the corp of signature	required when	reinstating) ADDITIONS/CHA	ANGES TO OFF	DATE SICERS AND	changing changing intment as	its registered s registered
Office of agent 1 (2) SIGNATURE 12. INILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state	12 and 607, 1508, if of Fiorida. Such a ations of, Section on and life if applicable D DIRECTORS	Florida Statutes, change was auti 607.0505, Florid (NOTE R	the above horized by da Statutes. 13. 1.1 Title 1.2 NAME 1.3 STREET / 1.4 City-St 2.1 Title	-named the corp	required when	reinstating) ADDITIONS/CHA	ANGES TO OFF	DATE SICERS AND	changing changing intment as	its registered s registered
Office or agent 1 to a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state	12 and 607, 1508, if of Fiorida. Such a ations of, Section on and life if applicable D DIRECTORS	Florida Statutes, change was auti 607.0505, Florid (NOTE R	the above horized by da Statutes. Registered Agen 13. 1.1 Title 1.2 NAME 1.3 STREET / 1.4 CITY-ST 2.1 Title 2.2 NAME	-named the corporative and signature ADDRESS - 2IP	required when	reinstating) ADDITIONS/CHA	ANGES TO OFF	DATE SICERS AND	changing changing intment as	its registered s registered
Office or agent 1 to a series of the series	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state	12 and 607, 1508, if of Fiorida. Such a ations of, Section on and title if applicable D DIRECTORS	Florida Statutes, change was auti 607.0505, Florid (NOTE R	the above horized by da Statutes. Registered Agen 13. 1.1 Title 1.2 NAME 1.3 STREET A 1.4 City-St 2.1 Title 22 NAME 2.3 STREET A	-named the corp	required when	reinstating) ADDITIONS/CHA	ANGES TO OFF	DATE FICERS AND ICUTERA TO TERM	changing changing intment as	its registered s registered
Office or agent 1 to a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state	12 and 607, 1508, if of Fiorida. Such a ations of, Section on and title if applicable D DIRECTORS	Florida Statutes, change was auti 607.0505, Florid (NOTE R	the above horized by da Statutes. 13. 1.1 Title 1.2 NAME 1.3 STREET A 1.4 CITY-ST 2.1 Title 2.2 NAME 2.3 STREET A 2.4 CITY-ST	-named the corp	required when	reinstating) ADDITIONS/CHA	ANGES TO OFF	DATE FICERS AND ICUTERA TO TERM	Change	its registered registered registered
Office of agent 1 (2) SIGNATURE 12. INLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS UTTY-ST-ZIP TITLE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state	12 and 607, 1508, if of Fiorida. Such a ations of, Section on and title if applicable D DIRECTORS	Florida Statutes, change was auti 607.0505, Florid (NOTE R	the above horized by da Statutes. Repistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST 3.1 TITLE	ADDRESS - ZIP - ADDRESS - ZIP	required when	reinstating) ADDITIONS/CHA	ANGES TO OFF	DATE FICERS AND ICUTERA TO TERM	Change	its registered registered registered
Office or agent 1 to a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state	12 and 607, 1508, if of Fiorida. Such a ations of, Section on and title of applicable D DIRECTORS	Florida Statutes, change was auti 607.0505, Florid NOTE R DELETE DELETE	ine above horized by the Statutes. Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST	ADDRESS - ZIP - DORESS - TIP	required when	reinstating) ADDITIONS/CHA	ANGES TO OFF	DATE FICERS AND TO TO A TO TO A	Change Change Change	RS IN 12 Addition Addition
SIGNATURE 12. 111LE NAME STREET ADDRESS CITY-S1-ZIP TITLE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state am familiar with, and accept the obligation of the state of the s	12 and 607, 1508, if of Fiorida. Such a alicins of, Section on and title of applicable D DIRECTORS	Florida Statutes, change was auti 607.0505, Florid (NOTE R	The above horized by the Statutes. Repisiered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST 4.1 TITLE	ADDRESS -ZIP -ZIP -ZIP	required when	reinstaling) ADDITIONS/CHI PORTO CONTRACTOR ADDITIONS/CHI PORTO ADDITI	ANGES TO OFF	DATE FICERS AND TO TO A TO TO A	Change	its registered registered registered
Office or agent 1 : 12. SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state	12 and 607, 1508, if of Fiorida. Such a alicins of, Section on and title of applicable D DIRECTORS	Florida Statutes, change was auti 607.0505, Florid NOTE R DELETE DELETE	ine above horized by da Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 2.1 TITLE 2.2 NAME 2.3 STREET A 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 NAME	ADDRESS - ZIP - DORESS - ZIP	required when	reinstaling) ADDITIONS/CHI PORTO CONTRACTOR ADDITIONS/CHI PORTO ADDITI	ANGES TO OFF	DATE FICERS AND TO TO A TO TO A	Change Change Change	RS IN 12 Addition Addition
Office or agent 1 : 12. SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state am familiar with, and accept the obligation of the state of the s	12 and 607, 1508, if of Fiorida. Such a alicins of, Section on and title of applicable D DIRECTORS	Florida Statutes, change was auti 607.0505, Florid (NOTE R) DELETE DELETE DELETE	Ine above horized by the Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST 2.1 TITLE 2.3 STREET A 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET A	ADDRESS - ZIP - DORESS - ZIP - DORESS - ZIP	required when	reinstating) ADDITIONS/OHA PORTO OF A	ANGES TO OFF	DATE ICERS AND ICU ACA THE	Change Change Change	RS IN 12 Addition Addition
Office or agent 1 : 12. SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state of the section of the obligation of the section of	12 and 607, 1508, in of Florida. Such is of Florida. Such is alions of, Section and title of applicable D. DIRECTORS	Florida Statutes, change was aution 607.0505, Florid NOTE R DELETE DELETE DELETE DELETE	ine above horized by harized by h	ADDRESS - ZIP - DORESS - ZIP - ZIP - ZIP - ZIP	required when	reinstating) ADDITIONS/OHA PORTO OF A	ANGES TO OFF	DATE FICERS AND FURA ANCE	Change Change Change	RS IN 12 Addition Addition
Office or agent 1 : 12. SIGNATURE 12. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state of the section of the obligation of the section of	12 and 607, 1508, in of Florida. Such is of Florida. Such is alions of, Section and title of applicable D. DIRECTORS	Florida Statutes, change was auti 607.0505, Florid (NOTE R) DELETE DELETE DELETE	ine above horized by the Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET A 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.5 STREET A 4.5 STREET A 5.1 TITLE	ADDRESS - ZIP - DORESS - ZIP - ZIP - ZIP - ZIP	required when	reinstaling) ADDITIONS/CHI	ANGES TO OFF	DATE FICERS AND FUR A A N C T A T T T T T T T T T T T T T T T T T	Change Change Change Change	RS IN 12 Addition Addition
Office or agent 1 : SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state of the section of the obligation of the section of	12 and 607, 1508, in of Florida. Such is of Florida. Such is alions of, Section and title of applicable D. DIRECTORS	Florida Statutes, change was aution 607.0505, Florid NOTE R DELETE DELETE DELETE DELETE	Ine above horized by the Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST 2.1 TITLE 2.3 STREET A 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST 5.1 TITLE 6.2 NAME	ADDRESS -ZIP	required when	reinstaling) ADDITIONS/CHI	ANGES TO OFF	DATE FICERS AND FURA ANCE	Change Change Change	RS IN 12 Addition Addition
Office of agent 1 (2) SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state of the section of the obligation of the section of	12 and 607, 1508, in of Florida. Such is of Florida. Such is alions of, Section and title of applicable D. DIRECTORS	Florida Statutes, change was aution 607.0505, Florid NOTE R DELETE DELETE DELETE DELETE	Ine above horized by the Statutes. In Statutes. In Title 12 NAME 13 STREET A 21 TITLE 22 NAME 23 STREET A 31 TITLE 32 NAME 33 STREET A 42 CITY ST 41 TITLE 42 NAME 43 STREET A 53 STREET A 53 STREET A 53 STREET A	ADDRESS -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP	required when	reinstaling) ADDITIONS/CHI POLO CONTROL POLO	ANGES TO OFF	DATE FICERS AND FURA ANCE	Change Change Change	RS IN 12 Addition Addition
Office or agent 1 : SIGNATURE 12. IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligation of the state of the section of the obligation of the section of	22 and 607, 1508, in of Florida. Such in alions of, Section on and title of applicable D DIRECTORS	Florida Statutes, change was aut 607.0505, Florid (NOTE R) DELETE DELETE DELETE DELETE	Ine above horized by the Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST 2.1 TITLE 2.3 STREET A 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST 5.1 TITLE 6.2 NAME	ADDRESS -ZIP -DORESS -ZIP -DORESS -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP -ZIP	required when	reinstaling) ADDITIONS/CHI	ANGES TO OFF	DATE DICERS AND TO TO A TO TO A TO TO A TO TO A TO TO TO A TO TO TO A TO T	Change Change Change Change	RS IN 12 Addition Addition

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section indicated on this annual report or supplemental annual report is true and accurate and that my signature shall higher or director of the corporation or the receiver or trustee empowered to execute this report as required by 6 Block 12 or Block 13 if changed, or on an attachment with an address. 119.07(3)(i), Florida Statutes. I further certify that the Information have the same legal effect as if made under oath; that I am an Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

CR2E034 (10/97)

FILED

Jun 08 1998 8:00am

Secretary of State