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 #

(3)

FILED May 01 1998 8:00am Secretary of State

UYNA	MIG PHUPERTY INVESTME	:NTS, INC.		
Principal Plac	ce of Business	Mailing Address		4 LOGININ BOOK TININ BONK TININ BONK ORIN ORIN GIRIN GIRIN BIRIN BIRIN GIRIN BIRIN B
8409 WINDSOR DRIVE 8409 WINDSOR DRIVE			Æ	
MIRAMAR FL 33025 MIRAMAR FL 33025				
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 07/18/1983
2. Principal l	Place of Business	2a. Mailing Address		
21		26		4. FEI Number Applied For S9-2316122 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- \$0.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23				Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the current year Intangible
24	25 9, Name and Address of Curre	29 ent Registered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
N	EGRON, JAMES M		81 Name	
8409 WINDOSR DIRVE				
MIRAMAR FL 33025			82 Street	t Address (P.O. Box Number is Not Acceptable)
			83	
			04 05	
			84 City	FL 85 Zip Code
office or agent. I a SIGNATURE	registered agent, or both, in the State and familiar with and accept the object of a state of the state of th	1/1//	as authorized by the co Florida Statutes. JAMES NOTE Registered Agent signalum	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered
12,	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NEGRON, JAMES M		1,2 NAME	
STREET ADDRESS	8409 WINDSOR DRIVE MIRAMAR FL 33025		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	WIRAMAN FL 33025	DELETE	1.4 CITY-ST-ZIP	
NAME	NEGRON, LINDA F		2.1 TITLE	Change Addition
STREET ADDRESS	8409 WINDSOR DRIVE		2.2 NAME	
CITY-ST-ZIP	MIRAMAR FL 33025		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		The second	4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	İ
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
NAME		- DELETE	6.2 NAME	Li Change Li Adoktor
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			· ·	
A111.01.5M	L		6.4 CITY-ST-ZIP	<u> </u>

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.