· FILE	NOW: FI	LING FEE AF	٠, ,	AP	PROVED				
COF ANNU	PROFIT RPORATION JAL REPORT 1998			Sandra B Secretar	TMENT OF STATE Mortham y of State CORPORATIONS	FG 6	R	FILED	52
DOCUI 1. Corporation	MENT #	G50797	,	(1)			SECRETA TALLAHA!	RY OF STA SSEE. FLOR	ITE RIDA
Principal Place			Mailing Addre						
2300 CORAL WAY #200 MIAMI FL 33145 US			2300 CORAL #200 MIAMI FL 331 US	WAY			corporated or Qualified	TE IN THIS SPAC	Έ
	ace of Business		2a. Mailing Ad		·····	4. FEI Nu	1/1983 mber 23 105 13		Applied For
Sulte, Apt. SUITE	#, etc. # 200		Suite, Apt.	#, etc.	<u>_</u>		ate of Status Desired		Not Applica 3.75 Additional Fee Required
City & State 23 MIAMI Zip	, FLORIDA	ountry	City & State 28 MIAMI, Zip		QA Country	Trust F	n Campaign Financing und Contribution		5.00 May Be Added to Fees
24 33145	25	US Address of Current F	29 33145		30 US	Person	rporation owes or has p at Property Tax due Jun and Address of New R	ie 30. 🔲 Yes	s 🔲 No
230	00 CORAL WAY	REPORT SERVICE	S INC		81 Name 82 Street		Number is Not Accepte	able)	
#20 MIA	MI FL 33145				83				
11. Pursuant t	o the provisions of	Sections 607.0502/a	and 607.108, Flo	rida Statute	84 City	corporation submi	ts this statement for the	FL 85	
SIGNATURE	eisterfad agofyl o n fandjanwilli fan Signame program	both, in the State of cacepitate obligate	Florida Such cha us of Section 60			CANTERA LOI	ts this statement for the directors. I hereby acce	ept the appointment of the property of the appointment of the property of the property of the appointment of	ent lis registered
12.	PO	OFFICERS AND A		DELETE	13. 1.1 TITLE		NS/CHANGES TO OFFI		CTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	MIAMI BEACI	S AVE, #1109			1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				TRAINED ACTIVITY
TITLE NAME STREET ADDRESS	STD DORFMAN, E 8877 COLLIN MIAMI BEACH	S AVE, #1109		DELET E	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS		500002 -04/01 ****1	47588 /980109 50.00 **	##*150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS	MININI DENOI	116		DELETE	2. 4 City-St-Zip 3.1 Title 3.2 NAME 3.3 STREET ADDRESS			cı	hange Addit
CITY-SI-ZIP TITLE NAME STREET ADDRESS				DELETE	3.4. CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS			CI	hange 🔲 Addit
CITY-ST-ZIP TITLE NAME STREET ADDRESS			[] [DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	140		CI	hange Additi
CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	<u> </u>	DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	181.21		Cr	hange Additi
14. I hereby co indicated c officer or d	on this annual repo lirector of the corp r Block 13 if chan	ort or supplementation Gration or his receive	his filing doe no inval report is tru r or trasee empo	t qualify for e arry Joccu weglet to ex	the evenntion state	ed in Section 119.03 gnature shall have the s required by Chapt	7(3)(i), Florida Statutes. ne same legal effect as er 607, Florida Statutes;	I further certify the if made under oat and that my nar	iat the informatic ith; that I am an ne appears in