## 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

**FILED** Apr 01 1998 8:00am Secretary of State

	MENT n Name .D T. COI	# <b>G832</b> HEN C.P.A., P. <i>F</i>		(-)					
Principal Plan	e of Busines	· · · · · · · · · · · · · · · · · · ·	Mailine	n Addross			<u> </u>	BII BABII BIBII BIBII	
Principal Place of Business			`	Mailing Address					
4960 SW 72 . #401	AVE		4960 #401	SW72 DRIVE					
MIAMI FL 33155				MIAMI FL 38155			DO NOT WRITE IN THIS SPACE		
U\$			US				3. Date Iricorporated or Qualified		
A Drivate of Di	lace of Durin		1 6- 1	1 A		<u> </u>	02/06/1984		<del> </del>
2. Principal Place of Business			<u></u>	2a. Mailing Address			4. FEI Number	<del>    '</del>	olied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.			59-2365216	\$8.75 A	Applicable
22]			<b>├</b>	27			<b>5.</b> Certificate of Status Desired	Fee Re	
City & State				City & State			6. Election Campaign Financing	\$5.00	•
23			28				Trust Fund Contribution	Added to	
Zip		Country	Zip	)	Coun	try	8. This corporation owes or has paid the co	u <u>rre</u> nt year Inta	ngible
24		25	29		30	-	Personal Property Tax due June 30.		No
		and Address of Cu	rrent Registere	d Agent		Name	10. Name and Address of New Registered	d Agent	
	HEN, DON					31 Name			
		ID AVE. #401			6	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIA	AMI FL 331	99				33		<del></del>	
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11. Pursuant i	to the provis	ions of Sections 607.	.0502 and 607.1	508, Florida Stati	utes, the abo	City	poration submits this statement for the purpose	of changing its	registered
office or re agent. I as SiGNATURE	egistered ag m familiar wi	jent, or both, in the S th, and accept the of	Blate of Florida Sibligations of, Se	Such change was ction 607.0505, F	utes, the abo s authorized Florida Statu	ove-named corp by the corpora tes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its	registered
office or re agent. I as SiGNATURE	egistered ag m familiar wi	ont, or both, in the S th, and accept the of exprinted name of registerin	Blate of Florida Sibligations of, Se	Such change was ction 607.0505, F	utes, the abo s authorized Florida Statu	ove-named corp by the corpora tes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its opointment as r	registered egistered
office or re agent. I at SIGNATURE	egistered ag m familiar wi Signalize, lypnid	ent, or both, in the S th, and accept the ol or printed name of registerial OF HCERS	State of Florida Subligations of Se	Such change was ction 607.0505, F	utes, the abos authorized Florida Statut	ove-named corp by the corpora tes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the appared when reinstating)  DATE	of changing its opointment as r	registered egistered
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officer or director of the corporation or the receiver or trustee empower Block 12 or Block 13 if changed, or on an attachnical with an address.

s report as required by Chapter 607, Florida Statutes; and that my name appears in

3056655TW

SIGNATURE: