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

DOCUMENT # G90195

(0)

SYLVIA EVANS COURT REPORTING, INC.

| r | ILED |
|--------|--------------|
| May 01 | 1998 8:00am |
| Secret | ary of State |

| OILVIN | ETANO COOM HEI CHINA | | | | | |
|-----------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------|--------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Principal Place | e of Business | Mailing Address | | | | |
| 2100 PONCE | DE LEON BLVD. | 2100 PONCE DE LEON I | BLVD | | | |
| STE. 1040 | | SUITE 1040 | | | | DO NOT WRITE IN THIS SPACE |
| CORAL GABLUS | ES FL 33134 | CORAL GABLES FL 3313 US | 34 | | | 3. Date Incorporated or Qualified |
| 00 | | • | | | | 01/27/1984 |
| 2. Principal P | lace of Business | 2a, Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | 26 | | | | 59-2405859 Not Applicable |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired Fee Required |
| City & State | е | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| | | 28 | | | | Trust Fund Contribution |
| Zip | Country | Zιp | Cour | ntry | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes You |
| 24 | 25 | 29 | 30 | | | Personal Property Tax due June 30. Yes You No 10. Name and Address of New Registered Agent |
| ļ | Name and Address of Currer | it uedisteten Water | | 61 | Name | 10. Hallio and Address of Hen Hogistoles Agent |
| | ANS, SYLVIA | | | | | |
| 1 | 00 PONCE DE LEON BLVD | |]1 | B2 | Street Ad | ddress (P.O. Box Number is Not Acceptable) |
| 104 | | | l l | 83 | | |
| 1 | ORAL GABLES FL 33134 | | L | | | |
| | | | - | 84 | City | FL 85 Zip Code |
| 11 Pursuant | to the provisions of Sections 607 050 | 2 and 607.1508. Florida Statu | tes, the ab | ove | e-named co | orporation submits this statement for the purpose of changing its registered |
| office or r | registered agent, or both, in the State on familiar with, and accept the oblig | of Florida. Such change was | authorized | İbν | the corpor | ration's board of directors. I hereby accept the appointment as registered |
| 1 - | un jariitar wiin, and accept the doily | artine of, Section Corps 5,11 | 01103 5130 | 2 | λς | Hesident 4/29/98 |
| SIGNATURE | mg/Maure place of purified name of regenered age | ent and title if applicable (NO | 1f.: Registered | Ager | nt signature req | quired when reinstating) DATE |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | P D | ☐ DEL ete | 3.1 TITI | LF | | Change Addition |
| NAME | EVANS, SYLVIA | | 1.2 NAI | ME | | |
| STREET ADDRESS | 2100 PONCE DE LEON BLVI |)., # 1040 | 1.3 STF | REET I | ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | | 1,4 CIT | | T-ZIP | Dollars D Delition |
| TITLE | VD | ☐ DELETE | 2.1 TITI | | | Change Addition |
| NAME | EVANS, ALEXANDER | . 44040 | 2.2 NA | | | |
| STREET ADDRESS | 2100 PONCE DE LEON BLVI | J., #1040 | | | ADDRESS | • |
| CITY-ST-ZIP | CORAL GABLES FL | DELETE | 2 4 Cf | | ST-ZIP | Change Addition |
| TITLE | | | 3 2 NA | | | |
| STREET ADDRESS | | | | | ADDRESS | |
| 1 | | | 3 4. Cf | | | |
| CITY-ST-ZIP | | DELETE | 4.1 TiT | | | Change Addition |
| NAME | | | 4. 2 NA | | - | |
| STREET ADDRESS | | | | | ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CIT | | 1 | |
| TITLE | | ☐ DELETE | 5.1 TIT | LE | | Change Addition |
| NAME | | | 5.2 NAI | ME | | |
| STREET ADDRESS | | | 5.3 STF | REE1. | ADDRESS | |
| CITY-ST-ZIP | <u> </u> | | 5.4 CIT | Y-\$1 | T-ZIP | |
| TITLE | | DELETE | 6.1 717 | LΕ | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NA | ME | | |
| STREET ADDRESS | | | 6.3 STF | REET | ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CIT | Y - \$1 | T-ZIP | 440 07(0V) Flore Order 17 at 17 at 17 at 17 |
| 14. I hereby | certify that the information supplied videon this annual report or supplement | with this filling does not qualify at annual report is true and ac | for the exelourate and | mp! ! the | tion stated at my signa | in Section 119.07(3)(i), Florida Statutes. I further certify that the Information ature shall have the same legal effect as if made under oath; that I am an |
| officer or | director of the corporation or the record Block 13 if changed, or on an atte | eiver or trustee empowered to | execute ti | his r | report as re | ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in |
| BIOCK 12 | or block to it changed, or on an ate | icinicati with an audiess. | | _ | . 1 | 5 - 1/ day 6)445 500 |