FILE NOW: FILING FEE AFT PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEP. Sandra Secre	IS \$550.00 ARTMENT OF STATE B. Mortham tary of State = CORPORATIONS	FILED Feb 20 1998 8:00am Secretary of State		
DOCUI 1. Corporation	MENT # 69085	3 (4)				
Principal Place C/O ALBERT 4205 WEST 1 HIALEAH FL	O LUNA 6TH AVENUE	Mailing Address C/O ALBERTO LUNA 4205 WEST 16TH AVE HIALEAH FL 33012	NUE	DO NOT WRITE IN THIS SPACE		
				 Date Incorporated or Qualified 02/10/1984 		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	+	pplied For
Suite, Apt. a	#, etc.	26 Suite, Apt. #, etc.		59-237 1236 5. Certificate of Status Desired	·····	ot Applicable Additional
City & State)	27 City & State		6. Election Campaign Financing	Fee R	equired May Be
Zip	Country	28 Zip		Trust Fund Contribution	Added	to Fees
4	25	29	Country 30	 This corporation owes or has pail Personal Property Tax due June 	30. 🛄 Yes 🛛	tangible No
118	9. Name and Address of Current NA, ALBERTO	Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent	
	DS WEST 16TH STREET			Iress (P.O. Box Number is Not Acceptabl	e)	
HIA	LEAH FL 33012		83			
			84 City			0
44 0	- II					Code
office or re agent 1 an	n familiar with, and accept the obliga	of Florida. Such change was tions of, Section 607.0505, F	authorized by the corpora lorida Statutes.	poration submits this statement for the pu tion's board of directors. I hereby accept	t the appointment as	registered
	Signature, typed or printed name of registured ager OFFICERS AND		DTE: Registered Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFIC		
TITLE	DV	DELETE	1.1 TITLE			Addition
NAME STREET ADDRESS	COLLADO, SALVADOR 4205 W 16 AVE		1.2 NAME			
CITY-ST-ZIP	HIALEAH FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			Addition
TITLE	DT	DELETE	2.1 TITLE	······································	Change	Addition
NAME STREET ADDRESS	COLLADO, AUXILIADORA 4205 W 16 AVE	•	2.2 NAME			
CITY-ST-ZIP	HIALEAH FL		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP			
TITLE	DP	DELETE	3.1 TITLE		🗌 Change	Addition
NAME STREET ADDRESS	LUNA, ALBERTO 4205 W 16 AVE		3.2 NAME			
CITY-ST-ZIP	HIALEAH FL		3.3 STREET ADDRESS 3.4. City - St - ZIP			
ITLE	DS	DELETE	4.1 TITLE		Change	Addition
NAME	LUNA, ALMA 4205 W 16 AVE		4. 2 NAME			
STREET ADORESS CITY-ST-ZIP	HIALEAH FL		4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
IITLE		DELETE	5.1 TITLE		Change	Addition
			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS 5.4 City - St - Zip			
NTLE	······································	DELETE	6.1 TITLE		🗌 Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
IA. I hereby c∈	ertify that the information supplied wit	h this filing does not qualify	6.4 CiTY-ST-ZiP for the exemption stated in	Section 119.07(3)(i), Florida Statutes. I fu	urther certify that the	information
officer or d Block 12 of	r rais annual report or supplemental irector of the corporation of the recoi r Block 13 il changed, or on an attac	annual report is true and ac ecroit trustee empowered to priorit with an address.	evecute this report as req	re shall have the same legal effect as if r uired by Chapter 607, Florida Statutes; a	nade under dath; tha nd that my name app	aci am an bears in

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