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 #

101

	PURSUIT, INC.	100 (U)			
Principal Plan	ce of Businoss	Mailing Address			01614 01811 01911 01911 01911 1901
20533 BISCAYNE BLVD 20533 BISCAYNE BLVD		•	}		
4-232	-	4-232			
MIAMI FL 33190		MIAMI FL 33180		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
6 Dring to al 6	Place of Business	A Marine Address		12/12/1984	
— "	1ace of Business	28. Mailing Address		4. FEI Number	Applied For
21 20 Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2473479	Not Applicable
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5,00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cu	rent Registered Agent		10. Name and Address of New Register	red Agent
	Urbelo, rene		81 Name		
20	533 BISCAYNE BLVD SUITE	4-232	82 Street Ad	dress (P.O. Box Number is Not Acceptable)	· — — — — — — — — — — — — — — — — — — —
MIAMI FL 33180			83		
			63		
			84 City		85 Zip Code
44 Purcuant	to the provisions of Sections 607	0502 and 607 1508 Florida State	too the above named co	prporation submits this statement for the purporation's board of directors. I hereby accept the	o of changing its registered
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NO	TE: Registered Agent signature rec	juired when roinstaling) DA	TE.
TOLE	DP OFFICERS	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	CURBELO, RENE	otter	1.2 NAME		CT Quantite CT valuable
STREET ADDRESS	339 IVES DAIRY RD #3		1.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		1.4 CiTY-ST-ZiP		
TITLE	TI MINAMI DENOTITE	DELETE	2.1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CiTY-ST-ZiP			2.4 CITY - ST - 7#P		
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		T Active	4 4 CITY-ST-ZIP		— <u>— — — — — — — — — — — — — — — — — — </u>
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREFT ADDRESS		
CITY-ST-ZIP		DEL ETE	5.4 CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME		[_] OLICIE	6.1 TITLE		T CHOUSE T MODULOU
			6.2 NAME		1
STREET ADDRESS	J		6.3 STREET ADDRESS		J

14. 1 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 Supplied ential agricultarius 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 trusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or or an attachment with an address.

SIGNATURE:

ene Curbelo

8-98 305-651-5777