FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

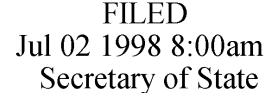
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name H49271 (0)

SMALL "E" CORPORATION

	١.	



	4.										
Principa	Place of Business	Mailing Address				i redigir drif didin tanıt redil neede titar man draktı	tielt Giftir denti dintit eddi				
6374 SW 42ND TERRACE MIAMI FL 33155		1320 S. DIXIE HWY. STE. 740 MIAMI FL 33146				DO NOT WRITE IN THIS SPACE					
						 Date Incorporated or Qualified 03/26/1985 					
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	Applied For				
21		26				59-2511753	Not Applicable				
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required						
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
Zip 24	Country 25	Zip 29	h			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.					
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Address of New Registered A	gent				
	Harring, dan			81	Name						
	1320 \$. DIXIE HWY. STE. 74 0					Street Address (P.O. Box Number is Not Acceptable)					
	MIAMI FL 33146										
				84	City	FL	85 Zip Code				
offic	suant to t he provisions of Sections 607 be or regis ter ed agent, or both, in the S ant I am f am Iliar with, and accept the o	tate of Florida. Such change w	as authorized	vd b	the corpora	poration submits this statement for the purpose of ation's board of directors. I hereby accept the apport	changing its registered intrent as registered				

	Signature, typed or punted name of registered agent an		(NOTE: Registered Agent signature requi		DATE	
12,	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTOR	
TITLE	P	☐ DELE1E	: 1.1 TITLE		Change	Additio
NAME	ŞA MLLEY, GRACIA D		1.2 NAME			
STREET ADDRESS	63 74 SW 42ND TERR		1.3 STREET ADDRESS			
CITY+ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-ZIP			
TITLE		☐ DÉLETE	2.1 TITLE		Change	Additio
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	_		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	Additio
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		DELETE	4.1 TITLE		Change	Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY+ST-ZIP			
TITLE		☐ DELE1E	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		5.4 City-St-ZiP			
TITLE		DELFTE	6.1 TITLE		Change	Additio
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY OT THE			64 CITY 63 710			

14. I 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 supplemental annual report is true 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

1/00/00

30-281-9919