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 #

H77435

CRISTA, INC.

(6)

FILED Feb 10 1998 8:00am Secretary of State

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Principal Place	of Business	Mailing Address			AION EIGH SIEN OISH OIDH 1601
	VERLINE ROAD	4400 N. POWERLINE R			
POMPANO BEACH FL 33073 POMPANO BE			33073	DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	007702
				09/24/1985	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21		26		59-2669694	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		y, continent of states pessed	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	[28] Zip	Country	Trust Fund Contribution	Added to Fees
24	25	_ h… i	h	 This corporation owes or has paid the Personal Property Tax due June 30. 	current year Intangible
24	g, Name and Address of Curren	29 Registered Agent	[30]	10. Name and Address of New Registers	
114	MENEZ, CRISTOBAL J.		81 Name		
	00 N. POWERLINE ROAD				
POMPANO BEACH FL 33073			82 Street Ac	dress (P.O. Box Number is Not Acceptable)	
	MII AND BEACHTE 65075		83		
			84 City	F	85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above-named co	orporation submits this statement for the purpose	of changing its registered
office or re	gistered agent, or both, in the State in familiar with, and accept the obliga-	of Florida, Such change was a	authorized by the corpo	ration's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE	The state of the s		onda diatates.		
	Signature, typesf or pointed name of response furger	stand to it applicable (NOT	E. Registered Agent signature re-	quired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TITLE		Change Addition
NAME	JIMENEZ, CRISTOBAL J.		1.2 NAME		
STREET ADDRESS	4400 N. POWERLINE RD.		- 1.3 STREET ADDRESS		
CITY+ST-ZIP	POMPANO BEACH FL		1.4 CITY - ST - ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JIMENEZ, BERTA B.		2.2 NAME		
STREET ADDRESS	4400 N. POWERLINE RD.		2.3 STREET ADDRESS		
CYTY - ST - ZIP	POMPANO BEACH FL	Постех	2. 4 CITY - ST - ZIP		
TOTLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZiP		DELETE	3 4. C/TY-ST-Z/P		☐ Change ☐ Addition
TITLE			4 1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	**** *********************************	☐ Change ☐ Addition
NAME		E Detille	I		P Avenille P vocilion
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP					
TITLE		DELETE	5.4 CITY- ST- ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		C Sumayo C Notificia
STREET ADDRESS			I 1		
			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-\$T-ZIP		

Thereby 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 of supplied entire 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 generation of the fectiver 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 utachment with an address (954)