FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00								FILED				
PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sendre B. Morthern Secretary of State DIVISION OF CORPORATIONS			Mar 18 1998 8:00am					
							Secretary of State					
DOCU 1. Corporation	MENT on Name	`# J	19215	(!	9)							
ARMAI	NDO OLIV	ÆROS, J	R., P.A.	-	•							
								1 180(((0 180) (180)	ZARRA INDRI BUU BYBU B		IN BUĞUL UZAL	
Principal Plac	ce of Busines	ss	•	Mailing Addres								
6361 SUNSE				6361 SUNSET								
MIAM9 FL 33143 US				2307 DOUGLAS RD. #200 MIAMI FL 33143				000	DO NOT WRITE IN THIS SPACE			
				US				3. Date Incorporated or Qualified				
2. Principal i	Plane of Que	inorn		To Mailing Ad	dv = = =			06/12/1986				╛
	DOUGI		ΔD	2a. Mailing Add	oress DOUGL <i>!</i>	AS RO	ìλn	4. FEI Number 59-2688892			pplied For ot Applicable	+
Suite, Apt	. #, elc.		AL.	Suite, Apt.		3 <u>~ 11</u>	1112	6. Certificate of Status D	esired		Additional	٦
22 <u>4</u> City & Sta	00			City & State	400	 -					equired	4
⊢ `	 L_GABI	JES. E	`T.A .	28 CORAL		es. F	T.A.	6. Election Campaign Fi Trust Fund Contribution			May Be to Fees	
Zip		Countr	У	Zip	ļ	Countr	У	8. This corporation owes		ourrent year In	tangible	1
24 3313	4 9. Name	25 DA	DE es of Current	[29] 33134 Registered Agent	4 3	io DA	DE	Personal Property Tax 10. Name and Address			_ No	-
OL	JVEROS, A					81						1
	07 DOUGL					82	Street Ac	OLIVEROS ARM deress (P.O. Box Number is No	ANDO JR (Acceptable)			-
	07 DOUGL Ami fl 331		200			83	$\pm .2600$	DOUGLAS ROAD				\dashv
4416	Mill I L OUT	70				84	City			[AB] 7:-	0-4-	4
		·					CORA	L GABLES	F	L 33 Zip	Code 134	
office or	to the provis	sions of Sect gent, or both	ions 607.0502 i, in the State o	and 607.1508, Flor f Florida: Such cha ions of, Section 601	rida Statutes ange was auf	the above thorized b	/e-named co y the corpo	orporation submits this stateme ration's board of directors. I he	nt for the purpose reby accept the a	of changing it ppointment as	ts registered registered	
SIGNATURE	an rammar w	nin, and acc	ept the obligati	ons of, Section 60.	7.0505, Flori	da Statute	·S.					İ
12.	Signature, types			and tide if applicable	(NOTE: F		ent eignature ren	quired when reinstating)	DATE			16
TITLE	PD		FFICERS AND		DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTOR	RS IN 12	- 2
NAME		os, arma				1.2 NAME		Oliveros, Ar	mando J	r.		3
STREET ADDRESS	6361 SI Miami F	unset dr	IVE				T ADDRESS	2600 Douglas	Road St	e. 400		ĮŠ
CITY-ST-ZIP TITLE	MHAMI F	<u> </u>			DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP	<u> Coral Gables</u>	<u>, Fl. 33</u>	134 ☐ Change	Addition	- 8
HAME						2.2 NAME						
STREET ADDRESS	ľ						T ADDRESS					
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TITLE					DELETE	6.1 TITLE				Change	☐ Addition	1

6.3 STREET ADDRESS

3/12/98

(305) 442-1141

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 sport 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 received of state 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.

STREET ADDRESS

SIGNATURE: