Mar 23 1998 8:00am
Secretary of State

	NUAL REPORT 1998		TIME STATE OF THE	Secretary of State DIVISION OF CORPOR TIONS			Secre	etar	y o	f S	tate		
DOCUI 1. Corporation	MENT #	•••	734	(0)									111 91511 1141
Principal Place of Business SALOMON MITRANI 1815 N.W. 20TH ST.			•	Mailing Address % SALOMON MITRANI 1815 N.W. 20TH ST.		-					JA BIDA DI	JU EIJU 11	
MIAMI FL 331				AIAMI FL 33142	ļ				DO NOT 3. Date Incorporated or Quantum 1987	WRITE IN	THIS SP.	ACE	
2. Principal Pi	lace of Busines	S	2a.	Mailing Address			•	1	4. FEI Number				pplied For
21			26						65-0008250				ot Applicable
Suite, Apt	#, etc.		<u> </u>	Suite, Apt. #, etc.					5. Certificate of Status Desi	red 🗆	J		Additional
City & State		 	27	City & State									equired
23	y		28	City & State				'	Election Campaign Finan Trust Fund Contribution	icing	7		May Be to Fees
Zip	·····-	Country	[20]	Zip	Cou	ntry	•	+	This corporation owes or				
24	25]	29	,	30	•		- '	Personal Property Tax du	-			□ No
	9. Name an	d Address of	Current Regis	tered Agent			, -	1	Name and Address of N	lew Regist	ered Ag	ent	
	TRANI, SALO!					81	Name						
	15 N.W. 20TH				- 1	82	Street Add	iress	(P.O. Box Number is Not Ad	ceptable)			
MU	AMI FL 33142	:			ļ				· 	· · · · · · · · · · · · · · · · · · ·			
						83							
						84	City				FL	85 Zip	Code
office or ragent. I a	egistered agen	t, or both, in the and accept the	ie State of Florid ie obligations of	da. Such change was I, Section 607.0505, Fl	authorized orida Stati	d by utes	the corpora	ation's	tion submits this statement f s board of directors. I hereb then reinstating)	y accept th	ose of cline appoin	nanging ntment as	ts registered registered
12.			RS AND DIREC		13.	_=-			ADDITIONS/CHANGES TO	OFFICERS	S AND E	IRECTO	R\$ IN 12
TITLE	D			☐ DELETE	1.1 10	Lŧ						Change	Addition
NAME	MITRANI,				1.2 NA	ME							
STREET ADDRESS		. 20TH ST.			1.3 \$T	AEET.	ADDRESS						
CITY-ST-ZIP	MIAMI FL	33142		T accept	1.4 CI		T-ZIP					Change	Addition
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NAME OTOET INDOCOS					2.2 NA		1000000						
STREET ADDRESS CITY-ST-ZIP					2.3 ST		ADDRESS						
TITLE				DELETE	3.1 Tri						Е	Change	Addition
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NAME PTOCET ADDRESS					5.2 NA		annacee						
STREET ADDRESS					5.4 Cf		ADDRESS T. 7IP						
CITY-ST-ZIP TITLE				☐ DELETE	5.4 CI 6.1 TII		1-245					Change	Addition
NAME					6.2 NA						_	•	
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP					6.4 CF								

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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 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.

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

PROFIT

CORPORATION

ANNUAL REPORT