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 #

(1)

DE PABLO AND ASSOCIATES, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address				
2287 N.W. 102 PL.	13501 S.W. 108TH STREET CIRCLE NORTH				
MIAMI FL 33172	MIAMI FL 33186-3344			DO NOT WRITE IN T	THIS SPACE
			}	3. Date Incorporated or Qualified	IT IIO DI AOL
				- · ·	
2. Principal Place of Business	2a. Mailing Address	· · · · ·	+	4. FEI Number	Applied For
21 2271 N.W. 102 PL	26 13501 5. W.	108 St.	G'A.N.	65-0062247	
Suite, Apt. #, etc	Suite, Apt. #, etc.				\$8.75 Additional
22	27			Certificate of Status Desired	Fee Required
City & State	City & State	7		6. Election Campaign Financing	\$5.00 May Be
23 MIAMI FIOMUM.	1201	47 014	30.	Trust Fund Contribution	Added to Fees
Zip Country	7021/8/	Country s.	4.		
	29	30			
	Piace of Business 2a, Mailing Address 3c, M. W. 10 2 PL 2b, M. 10b, M. Mark 2b, M. M. M. M. M. 10b, M. M. M. 10b, M. 10b, M. M. 10b, M				
		["] ''a	IIIO		
		82 Str	eet Addres	ss (P.O. Box Number is Not Acceptable)	
MIAMI FL 33186					
		~			•
		64 Cit	у		85 Zip Code
44 0				ration automite this statement for the purpo	
office or registered agent, or both, in the State of	and 607, 1506, Florida Statute of Florida. Such change was a	uthorized by the	corporation	n's board of directors. I hereby accept the	e appointment as registered
agent. I am familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Statutes.			
SIGNATURE		Desistered Asset son	at us samuland	Lubon scientarioni	ATE
			nature required		
TITLE P		_	<u> </u>	7,55111011070711111011110111101111011110	
	CLE NORTH		FSS		
TITLE	DELETE				Change Addition
_	<u></u> ,	22 NAME			- , –
TITLE	DELETE	_			Change Addition
NAME					,
STREET ADDRESS			FSS		
CITY-ST-ZIP			1		
FITLE	☐ DELETE				☐ Change ☐ Addition
NAME					_ ,
STREET ADDRESS			FSS		
CITY-ST-ZIP TITLE	DELETE				Change Addition
NAME		52 NAME	1		
STREET ADDRESS		5.3 STREET ADDR	FSS		
		5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	DELETE	6.1 TITLE			Change Addition
NAME		6.2 NAME			
		6.3 STREET ADOR	F 0 0		
STREET ADDRESS		1			
14. I hereby certify that the information supplied wit	h this filing does not qualify to	6.4 CITY-ST-ZIP	stated in Se	ection 119.07(3)(i), Florida Statutes. I furth	her certify that the information

indicated on this annual report or supplemental annual report officer or director of the corporation or the receiver of trust Block 12 or Block 13 if changed, or on an atlantification of the corporation or the receiver of trust block 12 or Block 13 if changed, or on an atlantification of the corporation of the corpo accordate and that my signature shall have the same legal effect as if made under oath; that I am an so execute this report as required by Chapter 607, Florida Statutes; and that my name appears in April 20/97

SIGNATURE: