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**

FILED Feb 27 1998 8:00am Secretary of State

1. Corporation	MEN I n Name IASSE, IN		75	(4)						
DEIVIF	MOOE, IN	,								
Principal Plac	e of Busines	s	Mailing	Address				-{		il ofoli opai
8260 NW 14TH ST 20901 NE 24TH AVE										
MIAMI FL 331				MIAMI FL 33180				DO NOT WRITE IN THIS SPACE		
1								3. Date Incorporated or Qualified		
					_			06/21/1988		
2. Principal P	lace of Busin	ness	— <u> </u>	2a. Mailing Address				4. FEI Number	————	oplied For
21 Suite, Apt.	# 610		26	Suite, Apt. #, etc.				65-0120164		ot Applicable Additional
22			27	27				5. Certificate of Status Desired	+	Additional equired
City & State	θ		City 28	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country			Zip Cou				8. This corporation owes or has paid the current year Intar		angible
24					30	Personal Property Tax due June 30. Yes No] No	
		and Address of Cun	ent Registered	J Agent		61 N		10. Name and Address of New Registered	Agent	
SANTAGO, LEUNARDO						DI N	lame			
16450 NE 7 AVE						82 S	treet Addre	ss (P.O. Box Number is Not Acceptable)		
MIAMITE 33175						83				
					}	03				
						84 C	ity	FL	85 Zip (Code
11. Pursuant i office or ri agent. Lai	to the provis egi ste red ag m fam iliar wi	ions of Sections 607.0 ent, or both, in the Sta th, and accept the ob	502 and 607.15 ite of Florida. S ligations of, Sec	08, Florida Statu uch change was stion 607,0505, F	ites, the ab authorized forida Statu	ove-na by the ites.	amed corpo e corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the app	f changing it pointment as	s registered registered
SIGNATURE		· · · · · · · · · · · · · · · · · · ·								
12.	Signature, lyped	or printed name of registered	agent and title if appl		TE Registered	Agent sig	gnature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	2 DIRECTOR	S IN 12
TITLE	D	OTTIOE NO 7	AND DIFFEOTOR	DELETE	1.1 TIT	LE	7	X	Change	Addition
NAME	SANTIAGO, LEONARDO				1.2 NAME		_ ~]	sonain Leonardo	\	
STREET ADDRESS	2035 N			1.3 STREET ADDRESS		RESS 3	DON NE 24TH AV	<u>ن</u>		
CITY-ST-ZIP		1233179				Y-ST-ZI		ANTIGUO LEONARDO .0901 N.E. 24TH AND Ulame Fl 33180		
TITLE	7	.		DELETE	2.1 TIT	.E			Change	Addition
NAME					2.2 NAI	ΜE				
STREET ADDRESS					2.3 STF	IEET ADD	RESS	en e		
CITY-ST-ZIP					2. 4 CIT	Y - ST - ZI	IP			
TITLE				L] DELETE	. 3.1 TITI				☐ Change	Addition
NAME					3.2 NA					
STREET ADDRESS						EET ADD]
CITY-ST-ZIP				T or car		Y-ST-Zi	P		Charas	Addition
TITLE				☐ DELETE	4.1 TiTi				L Change	L Addition
NAME					4. 2 NA					
STREET ADDRESS						EET ADD				ĺ
CITY-ST-ZIP TITLE				DELETE	5.1 TITI	Y-ST-ZIF	<u> </u>		☐ Change	Addition
NAME					5.2 NAM					
STREET ADDRESS						EET ADD!	HESS			
CITY-ST-ZIP						Y-ST-ZIF	- 1			
TITLE	· · · · · · · · · · · · · · · · · · ·			DELETE	6.1 TITU		+-		Change	Addition
NAME					6.2 NAA	AE .				
STREET ADDRESS					6.3 STR	EET ADDE	RESS			
CITY-ST-ZIP					6.4 CITY	r-ST-ZIP	<u>, </u>			
44 horoby o	artifut that the	n information supplied	with this filiage	door not qualify	or the aver	nation	stated in S	Section 119 07/3\(ii) Florida Statutos I further ce	etifu that tha	information

Thereby certify that the information supplied with this hing 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 eath; 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.