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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENSTATE

Sandra B. Mori

Secretary of St DIVISION OF CORPODNS

FILED Jan 23 1998 8:00am Secretary of State

	ARLOS ALBERTO GARCIA D.		(5)		
1	al Place of Business	Mailing Addre		1 10010(H) Q10 100(P) (Q1() 100() Q10() Q10() Q10()	m.a.u 4:011 A1011 B1811 g1811 (80)
	. Mashta dr. Iscayne 33 33149	721 S. MASH	TA DR.		
US		KEY BISCAYA US	H: 33 33149	DO NOT WRITE IN TH	HIS SPACE
1		~*		3. Date Incorporated or Qualified	
0 0-5				07/28/1988	
21	cipal Place of Business	2a. Mailing Add	dress	4. FEI Number	Applied For
	, Apt. #, etc.	26		65-0061551	Not Applicable
22	,	Suite, Apt.	#, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City &	\$ State	City & State		Charten Compains Financias	
23		28 State	•	B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	C _' ry	8. This corporation owes or has paid the	
24	25	29	30)	Personal Property Tax due June 30.	Yes No
 -	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Register	ed Agent
	GARCIA, CARLOS ALBERTO		i1 Name		
	721 S. MASHTA DR.		12 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	KEY BISCAYNE FL 33149		ļ		
			3 3		
			4 City		85 Zip Code
11 Dure	ippet to the man 10			}	- ·
office	or registered agent or both in the Co-	0502 and 607 1508 Florid			
017101	S of coalogoing adout of polly to the 215	ate of Florida, Such chan	da Statutes, the overnamed co	orporation submits this statement for the purpost ration's board of directors. I hereby accept the a	e or changing its registered
ager	it. I am familiar with, and accept the obl	ate of Florida Such char ligations of, Section 607.	da Statutes, the overnamed co ige was authoriz by the corpor .0505, Florida Si ^{tes} .	orporation submits this statement for the purpos ration's board of directors. I hereby accept the a	appointment as registered
agen	IRE .			orporation submits this statement for the purpos ration's board of directors. I hereby accept the	
SIGNATU	Signature, typod or printed name of registered a	agent and tile if applicable	(NOTE: Regists Agent signature rec	guired when reinstating) DA1	Ę
ager SIGNATU 12.	Signature, typod or printed name of registered a	agout and tile if applicable AND DIRECTORS	(NOTE: Registe Agent signature rec		E AND DIRECTORS IN 12
12,	Signature, typod or printed name of registrated of OFFICERS A GARCIA, CARLOS ALBERT(agon and the if applicable AND DIRECTORS	(NOTE: Regists Agent signature rec	guired when reinstating) DA1	Ę
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SIGNATURE:

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