COF	PROFIT RPORATION JAL REPORT <b>1998</b>			Sandra B Secreta	TMENT OF STATE Mortham Ty of State CORPORATIONS	Jan 27 19 Secretar		
DOCU 1. Corporatio CLIBAR	i Natie	36951		(7)				
Principal Plac	e of Business		Mailing /	Address				
13200 SW 12 MIAMI FL 331	3 ST #A2		-	W 128 ST #A2			E IN THIS SPACE	
						3. Date Incorporated or Qualified		
	lace of Business			ng Address		10/06/1988 4. FEI Number		pplied For
Suite, Apt.			26 Suite	Apt. #, etc.		65-0075062	@Q.7E	ot Applicable Additional
2			27			5. Certificate of Status Desired	Fee R	equired
City & Stat	e		28 City 8	& State		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country 25	,	Zip		Country 30	8. This corporation owes or has p Personal Property Tax due June		itangible No
•	9. Name and Addres	s of Current F		Agent	30	10. Name and Address of New Re		
					83			
	to the provisions of Secti egistered agent, or both, m famillar with, and acce	ons 607.0502 a in the State of pt the obligatio	nd 607.150 Florida, Suc ns of, Secti	18, Florida Statute ch change was a on 607,0505, Flo	84 City	poration submits this statement for the tion's board of directors. I hereby acce		Code its registered registered
SIGNATURE	Signature, typed or printed name	of registered agent a	nd title if applica	abie. (NOTE	84 City ss, the above-named corp uthorized by the corpora rida Statutes.	ired when reinstating)	DATE	its registered registered
SIGNATURE	Signature, typed or printed name		nd title if applica	abie. (NOTE	84 City es, the above-named corr uthorized by the corpora rida Statutes.		DATE	Its registered registered
SIGNATURE 2. TLE AME	Signature, typed or printed name OF STD LEE, BARRINGTON	of registered agent a FICERS AND D	nd title if applica	abi <del>o. (</del> NOTE	84         City           es, the above-named correlation         correlation           uthorized by the corporation         corporation           rida Statutes.         corporation           Registered Agent signature required         1.1 TITLE           1.1 TITLE         1.2 NAME	ired when reinstating)	DATE CERS AND DIRECTOR	its registered registered
SIGNATURE 12. 17LE IMME ITREET ADDRESS	Signature, typed or printed name OF STD	of registered agent a FICERS AND D	nd title if applica	abi <del>o. (</del> NOTE	84 City     84 City     84 City     above-named corp     uthorized by the corpora     rida Statutes.     Registered Agent signature requi     13.     1.1 TITLE	ired when reinstating)	DATE CERS AND DIRECTOR	its registered registered
SIGNATURE 2. ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME AME	Signature, typed or printed name OF STD LEE, BARRINGTON 10143 SW 118TH ( MIAMI FL PD MORRIS, CLIVE	of registered agent at FICERS AND D	nd title if applica	abi <del>o. (</del> NOTE	84         City           es, the above-named corruptorized by the corporation of the co	ired when reinstating)	DATE CERS AND DIRECTOR	Its registered s registered
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