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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

**FILED** Feb 27 1998 8:00am Secretary of State

Principal Place of Business   Maling Address   Maling A	M-F-F	EST CONTROL, INC.					
*** ABRAH-HAM PROVEDO 1046 S.W. 65TH AVE. MAIM FL 33144**  **** BRAH-HAM PROVEDO 1046 S.W. 65TH AVE. MAIM FL 33144**  2. Principal Place of Business   2a. Mailing Address   4. FEI Number   1/102/1988   Not Applied For 1/102/1988   A. FEI Number   A. FEI Number   S. For 080830   Not Applied For 1/102/1988   Suite. Apr. If. etc.   S. Certificate of Status Desired   Fee Required	Principal Plac	ce of Business	Mailing Address				DIELL BIEIL BIBIL BLAU BLAU DAGU 1001
1006 S.W. 65TH AVE   MAMI FL 33144				:00			
MAM FL 3314							
11/02/1988   2				•		DO NOT WRITE IN TH	IIS SPACE
2. Maning Address   26. Maning Address   27. Suito, Apt #, etc.   28. Suito, Apt #, etc.   29. Suito   29						3. Date Incorporated or Qualified	
2. Maning Address   26. Maning Address   27. Suito, Apt #, etc.   28. Suito, Apt #, etc.   29. Suito   29						11/02/1988	
Sulto, Apt #, etc.  Sulto,	2. Principal P	Place of Business	2a. Mailing Address				Applied For
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Size   S	21		26			65-0080830	Not Applicable
City & State  Ci	Suite, Apt	#, etc.	Suite, Apt #, etc.				\$8.75 Additional
28   Tous Fund Contribution   Added to Fees Zip   Country   Zip   Country   Zip   Country   State Fund Contribution   Added to Fees Zip   Country   Zip   Country   State Control   State Cont						5. Certificate of Status Desired	Fee Required
Zip Country Zip Country Personal Property Tax due June 30.	<del> </del>						
28			<b>+ </b>			<del></del>	
PROVEDO, ABRAHAM 1046 S.W. 65TH AVE. MIAMI FL 33144  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above—named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florida Statutes, the above—named corporation submits this statement for the purpose of changing its registered agent agent and the analysis of Section 607.0502 and 607.1508, Florida Statutes, the above—named corporation submits this statement for the purpose of changing its registered agent agent and familiar with, and accept the cologisations of Section 607.0505, Florida Statutes, the above—named corporation submits this statement for the purpose of changing its registered agent ag		<u></u>	h - 1				
PROVEDO, ABRAHAM 1046 S.W. 65TH AVE. MIAMI FL 33144  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-maned corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and accept the colliquitions of Section 607.0505, Florida Statutes.  SIGNATURE    Title   DP	24	<del></del>		[30]			_ <del></del>
1046 S.W. 65TH AVE.  MIAMI FL 33144  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent in mathematical with, and accept the obligations of Sections 607,0502, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered agent in mathematical with, and accept the obligations of Sections 607,0502, Florida Statutes.  SIGNATURE    Signature   Signatur		<del></del>	ant mogratored Agent	81	Name	IO. Name and Address of New Negister	ou Agent
MIAMI FL 33144  83  City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in the familiar with, and accept the obligations of Sections 607.0505, Florida Statutes.  SIGNATURE  Signature: Sig					1101110		
Record   R				82	Street Addr	ess (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent are familiar with, and accept the obligations of. Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  DFLICE RS AND DIFFECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12.  TITLE  DP  DELETE  1.1 TITLE  DP  DRETTE  1.1 STREET ADDRESS  THUE  DVP  DRETTE  LA CITY-ST-ZIP  MIAMI FL  DVP  DRETTE  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DVP  DRETTE  2.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DVP  DRETTE  3.1 TITLE  Change Addition Addition Addition Addition Addition AMME  PROVEDO, MARIA T  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  Change Addition Addition Addition AMME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  Change Addition Addition Addition Addition AMME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  Change Addition Addition Addition AMME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  Change Addition Addition Addition AMME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  Change Addition Addition Addition Addition Addition AMME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  Change Addition Addition Addition Addition Addition AMME  STREET ADDRESS  CITY-ST-ZIP  DELETE  3.1 TITLE  Change Addition Add	MI	AMI FL 33144		83			
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SIGNATURE    Signature, typical or printed transe of registered agriculant time diagrical able   (NOTE Registered Agent signature required when reinstating)   DATE	11. Pursuant office or i	to the provisions of Sections 607.05 registered agent, or both, in the Stat	02 and 607.1508, Florida St e of Florida, Such change w	atutes, the above as authorized by	e-named corp the corporati	vocation submits this statement for the nurses	of changing its registered
12. OF LICE RS AND DIRECTORS  TITLE DP PROVEDO, ABRAHAM STREET ADDRESS CITY-ST-ZIP NAME PROVEDO, MARIA T STREET ADDRESS CHY-ST-ZIP NILLE DVP DVP DELETE DELETE DELETE 1.1 TITLE DVP DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CHY-ST-ZIP TITLE DVP DELETE 2.1 TITLE DVP DELETE 2.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP NAME STREET ADDRESS CHY-ST-ZIP		am familiar with, and accept the oblig	gations of Section 607,0505	i, Florida Statutes	S.		
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				244444			
	NAME						
City-St-ZiP 6.4 City-St-ZiP	STREET ADDRESS			6.3 STREET			

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.

brahaw Provedo ABRAHAM PROVEDO 1-22-98