## 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

	MENT # K4501				
Principal Plac	e of Business	Mailing Address			I EIBIL BEDIT SERIT BIBIL BYDDI 1881
AMERIFIRST BUILDING, 17TH FLOOR 1 S.E. 3RD AVE. MIAMI FL 33131-1704		AMERIFIRST BUILDING, 17TH FLOOR 1 S.E. 3RD AVE. MIAMI FL 33131-1704		DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified	
				11/14/1988	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apl.	# olo	Suite, Apt. #, etc.		65-0082743	Not Applicable
22	w, etc.	27 Soile, Apr. #, 8tc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	в	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	it Hegistered Agent	81 Name	10. Name and Address of New Registe	red Agent
	OMSON, PARKER D.	10	[ ]		
AMERIFIRST BUILDING 17TH FLOOR			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
1 S.E. 3RD AVE. MIAMI FL 33131			83		<del></del>
*****	-IMI FL 33131				
			84 City	;	FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607,050, registered agent, or both, in the Skite im familier with, and accept the obliging families with a section of the obliging state of the section agent agen	<b>/</b>	les, the above-named corp authorized by the corporat orida Statutes.  If Registered Agent signature requir	oration submits this statement for the purpo ion's board of directors. I hereby accept the	se of changing its registered appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TOLE		Change Addition
NAME	THOMSON, PARKER D.		1.2 NAME		
STREET ADDRESS	1207 MARIOLA CT.		1.3 STHEFT ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	DELETE	1.4 C(TY-ST-Z)P		Change Addition
TITLE	DP	[] Detter	2.1 TITLE		L Change L Addition
NAME Street address	MURARO, ROBERT E. 1020 HARDEE RD.		2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		2.3 STREET ADDRESS		
TITLE	VDT	DELETE	3.1 TITLE		Change Addition
NAME	RAZOOK, RICHARD J.		3.2 NAME		<b>— · –</b>
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4. CHY-S1-ZIP		
TITLE	SD	DELETE	4.1 Till E		Change Addition
NAME	HART, BRIAN A.		4. 2 NAME		
STREET ADDRESS	1254 ALGARDI		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	· · · · · · · · · · · · · · · · · ·	4.4 CITY - S1 - ZIP		
TITLE	1)	DELETE	5.1 TITLE		Change Addition
NAME	(		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CHY- ST- ZIP		Change Addition
TITLE		□ nettit	6.1 TITLE		☐ Change ☐ Addition
NAME STORET ADDRESS			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing 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 oath; that I am an officer or director of the corporation or the receiver or trace 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.

IONATURE VILLE

11.0164

Q.15.210-72-

**FILED** 

Feb 06 1998 8:00am

Secretary of State