FILED

Mar 13 1998 8:00am

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

		IAL REP 1998	OR'	T		DIVIS	Secretary of State DIVISION OF CORPORATIONS			NS	Secretary of State		
P		MENT Name LANDSO		K500 NG NURSE		•	6) Ance, in	NC.					
D.:.	einel Binar	of Busines				Mailing Address							
İ	•		15			Mailing Address							
% JORGE L. SERRA 4035 S.W. 111TH AVE.						% JORGE L. SERRA 4035 S.W. 111TH AVE.							
MIAMI FL 33165						MIAMI FL 33165					DO NOT WRITE IN THIS SPACE		
											3. Date Incorporated or Qualified		
2. Principal Place of Business						2a. Mailing Address					12/08/1988 4. FEI Number Applied For		
21	meiparri	icipal Flade of Bosiness				26					65-0086332 Not Applicable		
	Suite, Apt. #, etc.					Suite, Apt. #, etc.					SR 75 Additional		
22					27	27					5. Certificate of Status Desired Fee Required		
23	City & State					City & State					B. Election Campaign Financing Trust Fund Contribution Added to Fees		
	Zip	Country				Zip			try		8. This corporation owes or has paid the current year Intangible		
24			25		29	9	[3	30			Personal Property Tax due June 30. Yes No		
		9. Name	and	Address of Cu	rrent Rec	distered Agent					10. Name and Address of New Registered Agent		
		ra, Jorg						1	31	Name			
4035 S.W. 111TH AVE. MIAMI FL 33165									32	Street Add	dress (P.O. Box Number is Not Acceptable)		
									33				
								8	34	City	FL 85 Zip Code		
	agent. I ar NATURE _	n fa miliar wi	ith, a	of Sections 607 or both, in the S nd accept the o	bligations	of, Section 607	.0505, Flori	ida Statu	tes.		rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when relistating). DATE		
12.	-			OFFICERS				13.	. <u>·</u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		PD		_		☐ Đ	ELETÉ	1.1 TITL	ŧ		☐ Change ☐ Addition		
NAME	:	SERRA,						1.2 NAV	ΙE				
STREE	ET ADDRESS			11TH AVE.						DDRESS			
CITY-	ST-ZIP	MIAMI F	<u>L</u> _				EL ETE	1.4 CITY 2.1 TITU		- ZIP	☐ Change ☐ Addition		
NAME	1						LLLIL	2.1 IIIL		ļ	Citalige C Addition		
	ET ADDRESS							2.3 STRE		nnares			
	ST-ZIP							2.4 CIT					
TITLE			•	-		D	ELETÉ	3.1 TITL			Change Addition		
NAME	:							3.2 NAM	ΙE				
STREE	ET ADDRESS							3.3 STRE	ET A	ODRESS			
	ST-ZIP							3.4. CIT		- ZIP			
TITLE	- 1					LJ V	ELETE	4.1 TITLE			· L Change L Addition		
NAME								4. 2 NAN		22222			
	ET ADDRESS							4.3 STRE					
TITLE	ST-ZIP					□ D	EL ET E	4.4 CITY 5.1 TITLE		· ZIP	☐ Change ☐ Addition		
NAME								5.2 NAM					
	T ADDRESS							5.3 STRE		DORESS			
	ST-ZIP							5.4 CITY					
TITLE						D	ELETÉ	6.1 TITLE			Change Addition		
NAME	- 1							6.2 NAM	E	İ			
STREE	T ADDRESS							6.3 STRE	ET A	DDRESS			
C(TY-	ST-ZIP							64 CITY	-ST-	ZIP			

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 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.

CIGNATURE.