F COR ANNU	NOW: FILING FEE A PROFIT PORATION AL REPORT 1998	FLORIDA DEPAR Sandra B Secretar	TMENT OF STATE . Mortham y of State :ORPORATIONS	Apr 30 19 Secreta		
	MENT # K5869 IN CORPORATION	5 (3)				
Principal Piace 11865 SW 2 MIAMI FL 33 US	6 STREET	Mailing Address C/P J. HERNANDEZ 1150 NW 72ND AVE # MIAMI FL 33126 US	307	DO NOT WRITE  3. Date Incorporated or Qualified		
				01/17/1989		
2. Principal Pla	ace of Business	2a. Mailing Address 26		4. FEI Number 65-0137417		pplied For ot Applicabl
Suite, Apt. 4	ł, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional equired
City & State		27 City & State		6. Election Campaign Financing	\$5.00	May Be
23] Zip	Country	28 Zip	Country	Trust Fund Contribution      B. This corporation owes or has pair	d the current year Ir	to Fees
	25 9. Name and Address of Current	29 Registered Agent	30	Personal Property Tax due June : 10, Name and Address of New Reg		
			83 84 City		<b>85</b> Zip	Code
SIGNATURE			84 City es, the above-named cor uthorized by the corpora rida Statutos.	poration submits this statement for the pu ation's board of directors. I hereby accept	FL urpose of changing t the appointment as	
SIGNATURE	St <mark>onature, typed o</mark> r printed name of registered agen OFFTCERS AND	t and life if applicable (NOT	84 City		TPOSE of changing t the appointment as	its registere registered
SIGNATURE 12. TITLE	Signature, lyped or particul name of repretend age OFFICERS AND PD	t and life if applicable (NOT	84     City       es, the above-named corruthorized by the corporation of the corporation of the corporation of the corporation.       • Registered Agent signature required of the corporation of the corporatin of the corporatin of the corporation of the corporation	wed when reinslating)	TPOSE of changing t the appointment as	its registered s registered RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Dispature, typed or printed name of registered age OFFICE RS AND PD LINARES, DIEGO 8124 SW 158TH TERRACE	t and fille it applicable (NOTE D DIRECTORS	84         City           es, the above-named corruthorized by the corporarida Statutos         Ite corporarial statutos           Begistered Agent signature required         13,           1.1 TITLE         12 NAME           1.3 STREET ADDRESS         Ite corporarial	wed when reinslating)	DATE ERS AND DIRECTO	its registere s registered RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Dignature, typed or printed name of registered app OFFICE RS AND LINARES, DIEGO 8124 SW 158TH TERRACE MIAMI FL TSD LINARES, IVONNE		84     City       es, the above-named corruthorized by the corporarida Statutos.       Begistered Agent signature required       13,       1.1 TIFLE       1.2 NAME       1.3 STREEF ADDRESS       1.4 CiTY-S1-ZIP       2.1 TIFLE       2.2 NAME	wed when reinslating)	Impose of changing the appointment at       DATE       ERS AND DIRECTO       Impose	its registered s registered RS IN 12
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