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

Mailing Address

P.O. BOX 145388 CORAL GABLES FL 33114 US

Principal Place of Business

7875 NW 12TH ST.

MIAMI FL 33126

104

US



CORPORATION ANNUAL REPORT 1998	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	Apr 13 1998 8:00am Secretary of State	
DOCUMENT # 1. Corporation Name ATHLONE OF FLOR	(3)		
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FILED
Apr 13 1998 8:00am
Secretary of State



					03/29/1989		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21 25 SE 2nd. Ave		26		65-0179308	Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
Suite 504		27		6. Certificate of Status Desired	Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23 Miami, FL 28					Trust Fund Contribution	Added to Fees	
Zip Country Zip		Zip	Country		8. This corporation owes or has paid the		
24 33131 25 US 29			30	Personal Property Tax due June 30. Yes No			
<u> </u>	9. Name and Address of Current	Hegistered Agent	81	Name	10. Name and Address of New Register	ed Agent	
	LLE, ALBERTO	<i>i</i> ·	°'	name			
7875 N.W. 12TH ST.			82				
SUITE 104				25 SE 2nd. Ave.			
MI	AMI FL 33126		83	Suite 504			
			84	City	es Zin Code		
	·			Miami	- 7	<b>L</b> 33131	
11. Pursuant to	o the provisions of Sections 607.0502 spistered agent, or both, in the State (	<sup>)</sup> and 607.1508, Florida <b>S</b> tatuti of Florida, Such change was a	es, the above	e-named corp the corpora	poration submits this statement for the purpos tion's board of directors. I hereby accept the	e of changing its registered	
agent. I an	n familian with, and accept the obliga	tions of, Section 607.0505, Fto	orida Statute	S.	more board or directory. The oby absort and	appointmont of regional	
SIGNATURE _							
	Signature, typed or preited natur of registered agen	<del></del>		ent signature requi	red when reinstating) DAT	<del></del>	
12.	OFFICERS AND		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS		
TITLE	V LADADTINO VINOCAITO	☐ DELETE	1.1 TITLE			Change Addition	
NAME LABARTINO, VINCENZO			12 NAME		F0/		
STREET ADDRESS	7875 N.W. 12TH ST., STE. 1	U4	1.3 STREET		25 SE 2nd. Ave. Suite	504	
CITY-ST-ZIP	MIAMI FL		1.4 CITY - S	iT - ZiP	Miami, F1 33131		
THILE	PD	DELETE	2.1 TITLE			Change Addition	
NAME	MARTINEZ SERODIO, BASILI		2.2 NAME				
STREET ADDRESS	7875 N.W. 12TH ST., STE. 1	04	2.3 STREET		25 SE 2nd. Ave. Suite 504		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY - I		Miami, 71 33131		
TITLE	1	DELETE	3.1 TITLE	S	ST	Change 🙀 Addition	
NAME	CALDERON-FLORES, PURA	**	3.2 NAME		ALBERTO VALLE		
STREET ADDRESS	7875 N.W. 12TH ST., STE. 1	U4	3.3 STREET	ADDRESS 2	25 SE $2ni$ . Ave. Suite $504$	4	
CITY-ST-ZIP	MIAMI FL		3 4. CITY-1	ST-ZIP M	liami, F1, 33131		
TITLE		DELFTE	4.1 TITLE			Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-S1-ZIP			4.4 C/TY- S	1 - ZIP			
TITLE		DELETE	51 TITLE			Change Addition	
NAME			5 2 NAME				
STREET ADORESS			5 3 STREET	address			
CITY+S1-ZIP			5.4 CITY-S	7 - ZIP			
TITLE		DELETE	61 THLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			63 STREET	ADDRESS			
CITY ST. 7IP			SACIIV.S	1			

14. Thereby 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.

SIGNATURE: