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

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



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

(0)

Principal Place of Business Mailing Address  19425 NW 182ND ST PO BOX 1264 HIALEAH FL 33015 HALLANDALE FL 33008							
US		US				DO NOT WRITE IN THIS SI  3. Date incorporated or Qualified	'ACE
						05/26/1989	
2. Principal P	ace of Business	2a, Mailing Addr	ess			4. FEI Number	Applied For
21		26				65-0127419	Not Applica
Suite, Apt.	#, <b>e</b> tc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Country		8. This corporation owes or has paid the curre	
24	25	29	30				Yes No
<del></del>	g. Name and Address of Cur	rent Hegistered Agent				10. Name and Address of New Registered A	gent
	ERMAN, ROBERT M.			81	Name		
5821 HOLLYWOOD BLVD. SUITE 200				82 Street Ad		dress (P.O. Box Number is Not Acceptable)	
HOLLYWOOD FL 33021				83	L		
				84	City	FL	85 Zip Code
	to the provisions of Sections 607.0 agistered agent, or both, in the St on familiar with, and accept the ob-	0502 and 607.1508, Floric ate of Florida. Such chan higalions of, Section 607.	la Statutes, the ge was authori 0505, f lorida S	above zed by Statutes	e-riamed cor the corpora	rporation submits this statement for the purpose of altion's board of directors. I hereby accept the appo	hanging its register intment as registere
SIGNATURE	Signature, Typed or posited name of registered	agent and it of tapplicable	(NOTE Bogis	lered Age	nt signature rec <sub>i</sub> u	uired when reinstating) DATE	
12.		AND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD	□ DE	LETE 1.	1 TITLE	]	l	Change Addi
NAME	GARMIZO, JAIME		1.	2 NAME			
STREET ADDRESS	1925 NE 207TH ST		1.	3 STREET	ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL	,		4 CI1Y - S	T-ZIP		
TITLE	ST	[ ] DE	LETE 2.	1 TITLE		— ··· [	Change Addi
NAME	Garmizo, Janette		2	2 NAME			
STREET ADDRESS	1925 NE 207TH ST		2	3 STREET	ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL		2.	4 CHY-S	ST - ZIP		

2.4 CITY - ST - ZIP

3.3 STREET ADDRESS 3.4. C(1Y - S1 - ZIP

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

54 CITY-ST-ZIP

6.3 STREET ADDRESS

3.1 TITLE

3 2 NAME

4.1 TITLE

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

6.4 CITY - \$1 - ZIP 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 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 supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on the supplied with the information indicated with the information indicated with the information indicated with the information indicated with the

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

TITLE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

Change

Change

Change

Addition

Addition

Addition

Addition

**FILED** 

May 14 1998 8:00am

Secretary of State