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

DOCUMENT # K98899

URBE CORPORATION

一日前日日日日本中華一本日本一日前日本本書日日本書人日本中十八月日日日日

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Apr 09 1998	8:00am			
Secretary of State				

			-	HIBII (BUBLÉ BUBA) BUBA) 1881
Principal Place of Business	Mailing Address		1 19819(III 919 1919) 1919 1911 1911 1911 91911 1	#1411 41 #11 #1411 4 1#11 1#41
801 S UNIVERSITY DR SUITE 118 PLANTATION FL 33324	801 S UNIVERSITY DR SUITE 116 PLANTATION FL 33324		DO NOT WRITE IN THIS S	SPACE
US US			3. Date Incorporated or Qualified 06/29/1989	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0156163	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Zip Cc	ountry	8. This corporation owes or has paid the curr Personal Property Tax due June 30.	rent vear Intangible 4 Yes No
g, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
GUTIERREZ, RAFAEL		81 Name		
eggs SW ES STD		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
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1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

City

SIGNATURE	Signature, typed or product nature of registered agent and little it apply able	(NOTE Registered Agent signature	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELE	TE 1.1 TITLE	Change Addition
NAME	GARCIA, FERNANDO T.	1.2 NAME	
STREET ADDRESS	3580 NW 92 STR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D DELE	TE 2.1 TITLE	Change Addition
NAME	GUTIERREZ, MANUEL T.	2.2 NAME	
STREET ADDRESS	6790 SW 65 STR	2.3 STREET ADDRESS	. 19
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D DELE	TE 3.1 TITLE	Change Addition
NAME	Gutierrez, rafael	3.2 NAME	
STREET ADDRESS	6330 SW 50 STR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4. CITY-ST-ZIP	
TITLE	D DELE	TE 4.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, MARGARITA	4. 2 NAME	
STREET ADDRESS	10620 NW 27TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D DELE	TE 5.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, JOSE M.	5.2 NAME	
STREET ADDRESS	10620 NW 27TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	DELE	TE 6.1 TITLE	☐ Change ☐ Addition
NAME		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 as 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 of trustee introduced 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 oddress.

(周州(11)

SIGNATURE:

9.1.98

(954) 476-8286

Zip Code