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 #

(8)

ST. CLAIR - URDANETA, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Ad	dress						
C/O R. STUAI 330 ALHAMBR CORAL GABLE	IA CIRCLE	330 ALHAI	C/O R. STUART HUFF 330 ALHAMBRA CIRCLE CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE		
						 Date Incorporated or Quali 09/29/1989 	fied		
2. Principal Pl	ace of Business	2a, Mailing	Address			4, FEI Number		Applied For	
21		26				65-0244141		Not Applicable	
Suite, Apt. (#, etc.		pt. #, etc.			5. Certificate of Status Desire		75 Additional se Required	
			City & State			Election Campaign Financing \$5.00 May Be			
23		28	+			Trust Fund Contribution Added to Fees			
Zip			Country	′	1 - 1 - 1 - 1	orporation owes or has paid the current year Intangible			
24	25 29 30 9. Name and Address of Current Registered Agent		30	Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent					
		rent Hegistered Ag	ent	81	Name		M Medistered Viteri		
HUFF, STUART R 330 ALHAMBRA CIRCLE				82			ress (P.O. Box Number is Not Acceptable)		
CO	RAL GABLES FL 33134			83					
				84	City		FL 85	Zip Code	
11. Pursuant I	to the provisions of Sections 607.	0502 and 607,1508.	Florida Statute	es, the abov	e-named	d corporation submits this statement for		ing its registered	
office or re agent. I ai	egistered agent, or both, in the Som familiar with, and accept the ol	late of Florida. Such oligations of, Section	change was a 607.0505, Flo	uthorized b orida Statute	y the coi s.	d corporation submits this statement for rporation's board of directors. I hereby	accept the appointme	nt as registered	
SIGNATURE	Signature, typed or printed name of registered	t aneut and title if annimable	n (NOTE	Registered Ac	ont Bignatur	re required when reinstating)	DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO		CTORS IN 12	
TITLE	D		DELETE	1.1 TITLE			☐ Ch	ange Addition	
NAME	HUFF, STUART R			1.2 NAME				la	
STREET ADDRESS	330 ALHAMBRA CIR.			1.3 STREE	ADDRESS			ļi	
CHY-ST-ZIP	CORAL GABLES FL			1.4 CITY-1	ST-ZIP	·			
TITLE			DELETE	21 TITLE			☐ Ch	ange 🔲 Addition 🕻	
NAME				2.2 NAME				+	
STREET ADDRESS				2.3 STREE	ADDRESS				
CITY-ST-ZIP				2.4 CITY -	ST-ZIP				
TITLE			☐ DELETE	3.1 TITLE			∐ Ch	ange 🛄 Addition	
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREE	ADDRESS				
CITY-ST-ZIP		<u></u>		3.4. CITY-	ST-ZIP				
TITLE			☐ DELETE	4.1 TITLE			☐ Ch	ange L. Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	ADDRESS				
CITY-ST-ZIP				4.4 CITY -	ST-ZIP		·	17 449	
TITLE			DELETE	5.1 TITLE			☐ Ch	ange 🔲 Addition	
NAME				5.2 NAME					
STREET ADDRESS				5.3 STREE	ADDRESS				
CITY - ST - ZIP			- AFLETT	5.4 CITY -	ST - ZIP		T AL	ange Addition	
THTLE			☐ DELETE	6.1 TITLE			☐ Ch	ange	
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREE	ADDRESS				
CITY-ST-ZIP		4 20 41 2 62		6.4 CITY-		ted in Section 119.07/3/// Florida State	don I further cortific th	at the information	

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 suppliemental 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.

GNATURE:

(305) 446–11

(305) 446-112 ϕ