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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANNUAL REPORT 1998			Secretary of State DIVISION OF CORPORATIONS			Secretary of State	
DOCU 1. Corporatio		5 <b>4403</b> A.	(5)			T PROPAGIL AND DIVIN ACAN DIVIN	BURN HIN BARH BURN BURN BURN BURN BURN 1461
Principal Place of Business 12161 SW 132 CT. MIAMI FL 33186 US		1210	Mailing Address 12161 SW 132 CT. MIAMI FL 33186 US			DO NOT WRITE IN THIS SPACE	
21	lace of Business	26	Mailing Address			3. Date Incorporated or Quali 03/02/1990 4. FEI Number 65-0180250	Applied For Not Applicable
Suite, Apt.	#, <b>9</b> IC.	27	iuite, Apt. #, etc.			5. Certificate of Status Desire	d \$8.75 Additional Fee Required
City & Stat	0	28	City & State	••		6. Election Campaign Financi Trust Fund Contribution	ing \$5.00 May Be Added to Fees
Zip	Countr 25		ip	Count	ry		as paid the current year Intangible
	9. Name and Addre	ss of Current Registe	red Agent			10. Name and Address of Ne	
BRENMAN, BETHONY 12161 SW 132 CT. MIAMI FL 33186					81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83		
				8	4 City		FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sect egistered agent, or both m familiar with, and acc	tions 607.0502 and 607 i, in the Stale of Florida opt the obligations of, 5	.1508, Florida State Such change was Section 607.0505, F	ites, the abo authorized to forida Statut	ve-named corpora by the corpora es.	poration submits this statement for lion's board of directors. I hereby :	the purpose of changing its registered accept the appointment as registered
SIGNATURE	Signature, typed or printed name	of registered agent and title if a	pplicable. (NO	IL Hegistered A	gent Signature requ	ired when reinslating)	DATE
12.		FFICERS AND DIRECT		13.		ADDITIONS/CHANGES TO (	DEFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	PDS Brenman, Betho 12161 SW 132 CT		☐ DELE1E	1.1 TITLE 1.2 NAME 1.3 STREE	1		☐ Change ☐ Addition
City-St-ZiP	MIAMI FL		DELETE	1.4 City	ST-ZIP		Change Addition
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CITY-ST-ZIP				2. 4 CITY	- \$1 - 201		
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STREET ADDRESS				4	ET ADDRESS		
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STREET ADDRESS					T ADDRESS		***************************************
CITY-ST-ZIP			DELETE	5 4 City-			Change Addition
TITLE NAME			□ N((()))	6.2 NAME			□ Cusinge ←□ Addition
STREET ADDRESS				B.	T ADDRESS		į

64 CITY-ST-7/P 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 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 charged or an an attachment with an address.

alax

**FILED** 

Jan 16 1998 8:00am