## 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

	INTERNATIONAL CORPOR	` '							
Principal Plac	e of Business	Mailing Address							<b>111</b> 11 (100)
14260 SW 136	ST	14260 SW 136 STREET	г						
#3		#3			DO NOT WRITE IN THIS SPACE				
MIAMI FL 33186 US		MIAMI FL 33186 US		3. Date Incorporated or Qualified					
03		US				04/20/1990			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	1	Ap	plied For
21		26				65-0188083		No	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			dditional
22		27				2. Commonly of Clarks Doorles			quired
City & Stat	<del>)</del>	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be
23 Z	Country	28 Zip	Cou	intry			_		Fees
24	25	29	30			8. This corporation owes or has paid the cu Personal Property Tax due June 30.	Maritye Marityes		No
	9. Name and Address of Curre					10. Name and Address of New Registered	Agent		
CA	SADO, DIEGO			81	Name				
14260 S.W. 136 ST				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
BA'	f #3			Ш					
MLA	MI FL 33186			83					
				84	City	FI	85	Zip C	ode
office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblination for the section of the					oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pr cnang pointme	ing its	registered registered
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TOR	S IN 12
TITLE	P	DELETE 1.1		1.1 TITLE			Cha	inge	Addition
NAME	Casado, diego		1.2 N/	AME					
Street address	14260 SW 136 ST #3		1.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CI		T-ZIP		110		
TITLE	V	L DELETE	2.1 î				☐ Cha	ange	Addition
NAME	CASADO, NORA		2.2 N/						
STREET ADDRESS	\$4260 SW 136 ST #3 MIAMI FL				ADDRESS				
CITY-ST-ZIP TITLE		DELETE	3.1 70		ST-ZiP		Cha	Inne	Addition
NAME	Ť.	October	32 N/				0110	<b>y</b> o	
STREET ADDRESS			3.3 ST	TREET	ADDRESS				
CITY-ST-ZIP			3.4 C	HY-9	ST-ZIP				
TITLE		DELETE	4.1 TI				Cha	ınge	Addition
NAME			4. 2 N	AME					
STREET ADDRESS			4.3 ST	FREET	ADDRESS				
CITY-ST-ZIP		···			T- ZIP				
TITLE		D£LETE	5.1 TI		]		☐ Cha	ange	Addition
NAME			5.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE	5.4 CI		1-ZIP		La		Addition
TITLE		L. J VELEIE	6.1 TI	ILL	ļ		Chá	uige	∧aaiiigh

CITY-ST-ZIP 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 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.

6.2 NAME

NAME

STREET ADDRESS

**FILED** 

Apr 28 1998 8:00am

Secretary of State