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

PROFIT CORPORATION



COF	PROFIT RPORATION JAL REPORT 1998		Sandra B. Secretary		Jan 16 1998 8:00am Secretary of State
DOCU 1. Corporatio NURSI			(1)		
Principal Plac	e of Business	Mailing Add	ress	· · · · · · · · · · · · · · · · · · ·	
2699 S BAYS MIAMI FL 331	IN, ROSSIN & CO HORE DR 5TH FLOOR 33	2699 S BAY MIAMI FL 3	C/O KAUFMAN. ROSSIN & CO. 2699 S BAYSHORE DR 5TH FLOOR MIAMI FL 33133		DO NOT WRITE IN THIS SPACE
US		US	US		3. Date Incorporated or Qualified
2, Principal P	face of Business	2a. Mailing A	\ddress		04/30/1990 4. FEI Number Applied For
21		26			65-0204649 Not Applicable
Suite, Apt.	#, etc.	Suite, Ar	ot. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	e	27 City & St	ate	<u>,,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>	6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution
Zip 24	Country 25	Zip	3	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
241	9. Name and Address of Curren	1			10. Name and Address of New Registered Agent
FARRA, MIGUEL G 81 Name					
C/O KAUFMAN, ROSSIN & CO. 82 Street Address					ess (P.O. Box Number is Not Acceptable)
2699 S BAYSHORE DR 5TH FLOOR					
Mi#	MI FL 33133				
				84 City	85 Zip Code
11. 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 Florida. 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.					
SIGNATURE Signature, hyped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE					
12.	Signature, typed or printed name of registered ager OFFICERS AND		(NOTE: F	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P		DELETE	1.1 TITLE	Change Addition
NAME	FARRA, MIGUEL G			1.2 NAME	ļ
STREET ADDRESS	2699 S BAYSHORE DR 5TH F	LOOR		1.3 STREET ADDRESS	·
CITY-ST-ZIP	MIAMI FL		T	1.4 CITY-ST-ZIP	
TITLE		L	DELETE	2.1 TITLE	Li Change Li Addition
NAME CTREET ADDRESS				2.2 NAME 2.3 STREET ADDRESS	
STREET ADORESS CITY-ST-ZIP				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ļ
TITLE			DELETE	3.1 TITLE	· L Change L Addition
MAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY-ST-ZIP .			DELETE	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		_	DELETE	4.1 TITLE	Addition }
NAME STREET ADDRESS				4. 2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			i	4.4 CITY-ST-ZIP	
TITLE			DELETE	5.1 TITLE	Change Addition
NAME				5.2 NAME	
STREET ADORESS				5.3 STREET ADDRESS	
CITY-ST-ZIP			l active	5.4 CITY-ST-ZIP	A L
TITLE			DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS				6.2 NAME 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 is the 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 impowered to recute 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.

SIGNATURE:

(305) AT-5600

FILED