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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 06, 1999 8:00 am Secretary of State

ļ	1999		DIVISION OF CO	OKPOR	ATIONS		05-06-1999 9	90025 021	7 ***150.0	00	
1. Corporatio	MENT # 178 In Name ECIAL, INC.	3482				;	A JERNAPH BIA ARRAI ARAI ARAI ARAI	IZÊ YIRI BIRIL DI	811 81 2 11 81811 8	1811 BYBY 1881	
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Principal Place	é of Business	Maili	ng Address					ISB LIBL BIBN BI	ALL AIRLI MENI R	SEL GIBIL ING.	
175 FOUNTAIN	BLEAU BLVD.	175 F	OUNTAINBLEAU BLVD.								
SUITE'1F MIAMI FL 33172			SUITE 1F				DO NOT WRITE IN THIS SPACE				
MIAMI FL 33172	2	MIAM	I FL 33172				3. Date Incorporated or Qualifed	IE IN ITIIS	3FACE		1
							06/07/1990	<u></u>			
⊢≕ ·	lace of Business	— — — — — — — — — — — — — — — — — — —	Mailing Address			i	4. FEI Number			plied For	1
Suite, Apt.	# 010	26	uite, Apt. #, etc.				65-0212592		\$8.75 A	t Applicable	-
22		27					5. Certificate of Status Desired		Fee Re		
City & Stat	te	<u> </u>	City & State				6. Election Campaign Financing		\$5.00		
23		28					Trust Fund Contribution		Added to	Fees	
Zip	Country	<u>├</u>	ip C	Coul	ntry	į	8. This corporation owes the curr	ent year Inta		□No	1
24	9. Name and Address	29		30			Personal Property Tax. 10. Name and Address of New I	Registered .		-J140	1
	9, Name and Address	s of Chiletti Kegiste	eu Agent		81 Nam		10, Italie and Address of Itali	togicie, co ,	-90		1
IBAR	RIA, FRANK			ļ							ļ
175 FOUNTAINBLEAU BLVD.				ļ	82 Stree	t Addres	ss (P.O. Box Number is Not Accepta	able)			{
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MAIM	VII FL 33172)	04 014				85 Zip C		-
ļ				ļ	84 City			FL	85 Zip C	,008	,
11. Pursuant	to the provisions of Section	ons 607.0502 and 607	1508, Florida Statutes	s, the ab	ove-name	d corpor	ation submits this statement for the	purpose of	changing its	registered	
office or n agent. I a	egistered agent, or both, ii im familiar with, and accep	n the State of Florida. of the obligations of, S	еction 607.0505, Flori	inonzea da Statu	by the cor ites.	poration	's board of directors. I hereby accep	or the appoin	umeni as reg	/istered	
SIGNATURE				_	_						1
	Signature, typed or printed name of			_	Agent signatur	e required v	hen reinstating)	DATE	D DIFFOTO	55.11.45	á
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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, op on an attachment with an address, with all other like empowered.

SIGNATURE: