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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L79608 (0)
1. Corporation Name
W. SABALA INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business % WILMA SABALA 122 SARTO AVE CORAL GABLES FL 33134		Mailing Address C/O WILMA SABALA 407 LINCOLN RD #9K MIAMI BEACH FL 33139 US	
2. Principal Place of Business 21 407 LINCOLN RD # 11N Suite, Apt. #, etc. 22 MIAMI BEACH FL City & State 23 33139 Zip 24 Country 25 DADE		2a. Mailing Address 26 407 LINCOLN RD # 11N Suite, Apt. #, etc. 27 City & State 28 MIAMI BEACH FL Zip 29 33139 Country 30 DADE	
3. Date Incorporated or Qualified 06/08/1990		4. FEI Number 65-0204557 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SABALA, WILMA 407 LINCOLN RD #9K MIAMI BEACH FL 33139		10. Name and Address of New Registered Agent 81 Name WILMA SABALA 82 Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN Rd # 11N 83 84 City MIAMI BEACH FL 85 Zip Code 33139	

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

Wilma Sabala
Signature, typed or printed name of registered agent and title if applicable

WILMA SABALA
(NOTE: Registered Agent signature required when reinstating)

2/10/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	
NAME	SABALA, WILMA	1.2 NAME	
STREET ADDRESS	407 LINCOLN RD #9K # 11N	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	
NAME	KARAHALIOS, TRIFON	2.2 NAME	
STREET ADDRESS	1658 BAY RD 801	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE

Wilma Sabala
WILMA SABALA 2-10-98

CR2E034 (10/97)