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

DOCUMENT # L85801

(3)

FILED								
Mar 04 1998 8:00am								
Secretary of State								

CLASSIC HOUSE BUILDING, INC.								
Principal Plac	e of Business	Mailing Address				INT HINTI BINIL I	HAND BHOST DÌST	ii biqii iq qi
8360 WEST FLAGLER ST. 8360 WEST FLAGLER ST.							•	
STE. #200 STE. #200					DO NOT WEITE IN THE COACE			
MIAMI FL 33144 MIAMI FL 33144					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 07/09/1990			
2. Principal Place of Business 2a, Mailing Add					4. FEI Number		Ap	plied For
21		26			65-0368438		No	ot Applicable
I Suite, Apt. #, etc. I Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	
22 City & State		27	<u></u>				Fee Re	
23		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00	
Zip	Country Zip Cou		Country		8. This corporation owes or has pa		Added 1	
24	26 29 30				Personal Property Tax due June			angibie
	9. Name and Address of Curre				10. Name and Address of New Re			
MC	DDOLO, VITO		81	Name				
1501 BDIOVELL AVE #0100					ss (P.O. Box Number is Not Acceptal	nla\	· · · · · · · · · · · · · · · · · · ·	
MIAMI FL 33129					To the portion of the prooper			
			83					
			84	City	-i		85 Zip (Code
				•		_ FL	1 1 '	
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 typed or printed namin of registered agent and title if applicable (NOTE: Registered			OTE Registered Agent	ergnature required		DATE	DIDECTOR	201140
12.	DP OFFICERS AN	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	MODOLO, VITO	L. Occent	1.2 NAME				Onkingo	
STREET ADDRESS	1581 BRICKELL AVE #2102		1.3 STREET AC	NORESC				
CITY-ST-ZIP	MIAMI FL 33129		1.4 CITY-ST-ZIP					
TITLE		DELETE	2.1 TITLE	-		[Change	Addition
NAME			2.2 NAME	1				· ·
STREET ADDRESS	, in the second	2.3		DDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-	ZIP				ĺ
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STREET ADDRESS			5.3 STREET AD	I				1
CITY-ST-ZIP		T DELCTE	5.4 CITY-ST-	ZIP	·	r	Change	Addition
TITLE		☐ DELETE	6.1 TITLE			L	change	AUGIRIDITI
NAME			6.2 NAME	200000				1
STREET ADDRESS			6.3 STREET AD	l l				j
CITY-ST-ZIP	ertify that the information cumplied w	ith this filten does not qualify	6 4 CITY-ST-2		action 119 07(3)(i) Florida Statutos I	further cert	ify that the	Information
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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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.								