3-17-98 B- 335 9 -NC. 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 #

(1)

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Principal Plac	e of Business	Mailing Address				-			
6987 NW 82		6987 NW 82 AVE				}			
MIAMI FL 33166 US		MIAMI FL 33166 US							
						DO NOT WRITE IN THIS SPACE			
						3. Date incorporated or Qualified			
2. Principal P	face of Business	2a. Mailing Address	-			08/01/1990 4. FEI Number			applied For
21		26			65-0207249			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						Additional	
22		27			Certificate of Status Desired		•	Required	
City & Stat	e	City & State				6. Election Campaign Financing	_	\$5.00	May Be
23		28							to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid			ntangible No
24	25 9. Name and Address of Currer	29 nt Registered Agent	30			Personal Property Tax due June 3 10. Name and Address of New Regi			<u> </u>
GA	RCIA, OSVALDO ROQUE			81	Name				
	B7 NW 82 AVENUE		_	82	Chant Address	ss (P.O. Box Number is Not Acceptable			
	AMI FL 33166				Street Addres	ss (F.O. Box Number is Not Acceptable	,		
****			Ţ	83					
			ļ.	64	City			85 Zip	Code
					Only		FL.	100 Z.p	0000
office or r	egistered agent, or both, in the State	of Florida. Such change was	s authorized	bv t	named corpor	ration submits this statement for the pur n's board of directors. I hereby accept	pose of	changing i	its registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Statu	iles.	ino corporano	and sound of directors. Horosty account	ino appo	minimorn ac	3 10g/3(0)0G
SIGNATURE			: 				<u> </u>		
12.	Signature: typed or printed nature of registered age OFFICERS AN	D DIRECTORS	TE: Registered	Agent	signature required	ADDITIONS/CHANGES TO OFFICE	DATE RS AND	DIRECTO	8S IN 12
TITLE	PD	DELETE	1.1 1111	LE				☐ Change	Addition
NAME	GARCIA, OSVALDO ROQUE		1.2 NA	WE					
STREET ADDRESS	6987 NW 82 AVE		1.3 STR	REET A	DDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		- 21P				
TITLE	\$T	DELETE	2.1 TiTi	LΕ			•	Change	Addition
NAME			2 2 NA	2 2 NAME					
STREET ADDRESS	6987 NW 82 AVE		2 3 STR	EET AI	DDRESS				
CITY-ST-ZIP	MIAMI FL			2 4 CITY-ST-ZIP					
TITLE	L_] DELETE		3.1 TITU	3.1 TITLE			ı	Change	Addition
NAME			3.2 NAM	ΛE					
STREET ADDRESS					DDRESS				
CITY-ST-ZIP		- OCUETE	3.4. CIT		- ZIP			Change	4.4400
TITLE		☐ DELETE	4.1 TITU				,	Change	Addition
NAME			4. 2 NA						
STREET ADORESS					DDRESS				
CITY-ST-ZIP		DELETE	4.4 CIT		ZIP	·····		Change	Addition
TITLE		L) Occerc	5.1 TITL				'	CHANGE	Addition
NAME		•	5.2 NAM		000000				
STREET ADDRESS			1		DDAESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CIT		ZIP			Change	Addition
NAME			6.2 NAA				'		
STREET ADDRESS					DORESS				
PINEL MODUCOO			■ 0.3 a ln		CONLOG				

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 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:

CITY-ST-ZIP

FILED

Mar 17 1998 8:00am

Secretary of State