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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT#**

171

FILED Jun 22 1998 8:00am Secretary of State

1. Corporatio		IANAGEMENT		ICES INC.							
Principal Place of Business Mailing Address										DIL DIEN BIBIL DI	
8221 NW 54 ST				8221 NW 54 ST							
MIAMI FL 33166 US				MIAMI FL 33166 US				DO NOT WRITE IN THIS SPACE			
บจ			U	. .				3. Date Incorporated or Qualific			
								10/29/1984			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			Applied For
21			26	26				65-0028188			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & State				City & State			6. Election Campaign Financing \$5.00 May Be				
23				28				Trust Fund Contribution Added to Fees			
Zip	Zip Country			Zφ	Country			8. This corporation owes or has	paid the c		~
24	25		29		30			Personal Property Tax due J			☐ No
•		Address of Curre	nt Regis	tered Agent	81	LNI	ame	10. Name and Address of New	Registere	5 Agent	
	MAY, CALROS A				82	<u>l</u>			. ,	_,	
999 PO NCE DE LEON BLVD. SUI TE 1110							reet Addres	Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134				Ī							
					84	Ci	ty		ر حسو	85 Zip	Code
						<u></u>	road agree	ration as broke this statement for th	F	of observing	ita registered
office or r agent. La								ration submits this statement for ti m's board of directors. I hereby ac		opointment a	s registered
12.	Signature, typed or prod	OFFICERS AN			11. Registered Ag	ent sig	nature required	when reinstating) ADDITIONS/CHANGES TO O	DATE FICERS A	ND DIRECTO)RS IN 12
TITLE	DP			DELETE	1.1 117LE		Pr	csident		Change	
NAME	INFANTE, JO	OSE M., JR.			1.2 NAME		2	use M. Infant	<u></u>	, ,	
STREET ADDRESS	6700 SW 21				1.3 STREE	I ADDI	IFSS T				
CITY-ST-ZIP	MIAMI FL 33	155			1.4 CITY-1	ST-ZIP					
TITLE				☐ DELETE	2.1 TITLE			·		onange	Addition A
NAME					2.2 NAME			22 March	، لجرسه		
STREET ADDRESS					2.3 STRFE		IESS .	121 NW Salety.			
CITY-ST-ZIP				☐ DELETE	2 4 GHY- 3.1 TITLE	ST-ZH	. 41	lami Pi JUIG	<u> </u>	Change	Addition
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CITY-ST-ZIP					3.4. CITY-					1	
TITLE				DELETE	4.1 TITLE	01-11				hange	Addition
NAME					4. 2 NAME					/////	1/2
STREET ADDRESS					4.3 STREE	IDOA 1	IFSS		•		//) <
CITY-ST-ZIP					4.4 CITY-	ST-ZIP	<u> </u>				(0,)
TITLE				☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME					5.2 NAME						
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CITY-ST-ZIP				T Key Fee	5.4 CITY - 1	ST-ZIP					• alabia =
TATLE				DELETE	6.1 TITLE			nA simila silina kante biline kiline Bilin	grand process	☐ Change	Addition
NAME					6.2 NAME			1 (100) (100) (125) . (10 /00 /00) (10 /00)	K…aki, kuli 1 fibt f	•■4 # 34.4	
STREET ADDRESS]				6.3 STREE			+ 06 ,722,738 + 01 ***150, 68	T Cha f	97.1	
CITY - ST - ZIP	l				6.4 CITY -	S1-ZIP		remail Citille (16)			

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 adverse, without address.