## 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 # M16771

(1)

HALEY, SINAGRA & PEREZ, P.A.

MIAMI FL

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE NAME

TITLE NAME

I W Mata I y	ONACONA OLI ENCE: 1 77					
Principal Plac	e of Business	Mailing Address	<del></del>			ALAN BIAN BIAN BERN 160)
C/O ALFONSO J. PEREZ. JR.  100 SOUTH BISCAYNE BLVD.  MIAMI FL 33131  C/O ALFONSO J. PEREZ. V.  100 SOUTH BISCAYNE BLV  MIAMI FL 33131					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/14/1985	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26		26			59-2544720	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	<del> </del>		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Z(p	Cour	lry	This corporation owes or has paid the cur     Personal Property Tax due June 30.	rent year Intangible
	9, Name and Address of Current		T	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Registered	Agent
MIA	to the provisions of Sections 607.0502 egistered agent, or both, in the State im familiar with, and accept the oblige	2 and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, Fl	ites the ab	83 City	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	85 Zip Code Changing its registered ointment as registered
SIGNATURE	Signature, lypod or printed name of registered ager	t and title if analogoble (NO	TF Benislared	Anent signalure reg	uired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	VST	☐ DELETE	1.1 TITL	E		☐ Change ☐ Addition
NAME	PEREZ, ALFONSO J. JR.		1.2 NAM	AE .		3
STREET ADDRESS	100 S BISCAYNE BLVD #800		1.3 STR	EET ADDRESS		[6]
CITY-ST-ZIP	MIAMI FL	<u></u>	1.4 CIT	r-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITL	£		Change  Addition C
NAME	<b>Si</b> nagra, Frank J.		2.2 NAN	AE .		İ
STREET ADDRESS	100 S BISCAYNE BLVD #800		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	MIAMI FL			Y-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 T(T)			Change Addition
NAME	HALEY, JAMES T.		3.2 NAM	#E		
STREET ADDRESS	100 S BISCAYNE BLVD #800		3.3 STR	EET ADDRESS		

64 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), Fiorida 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.

3.4. CITY - ST - ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

1/14/90 Ent)2741201

Change

\_\_ Change

Change

Addition

Addition

Addition

**FILED** 

Jan 29 1998 8:00am

Secretary of State