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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M31230

(9)

DOMESTIC AND FOREIGN SALES, INC.

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**FILED** 

Apr 06 1998 8:00am

Secretary of State

26 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Resonal Property Tax due June 30. Yes  BROWN, GARY L. (C.P.A.)  6401 S.W. 87TH AVE.  SUITE 203  MIAMI FL 33173  PL 26  Suite, Apt. #, etc.  Suite Fluid Campaign Financing Trust Fund Contribution  Adder  Resonal Property Tax due June 30. Yes  Personal Property Tax due June 30. Yes  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable Additional Required D May Be d to Fees Intangible No						
MIAMI FL 33137  MIAMI FL 33137  DO NOT WRITE IN THIS SPACE  3. Data Incorporated or Qualified  4/22/1986  4. FEI Number  22	Additional Required  D May Be d to Fees						
MIAMI FL 33137  MiAMI FL 33137  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  04/29/1986  4. FEI Number  221  26	Additional Required  D May Be d to Fees						
3. Date Incorporated or Qualified 04/29/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2672577	Additional Required  D May Be d to Fees						
2. Principal Place of Business   2e. Mailing Address   4. FEI Number   59-2672577   1.    Suite, Apt. #, etc.   59-2672577   5.    Suite, Apt. #, etc.   59-2672577   59-26725	Additional Required  D May Be d to Fees						
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  2. City & State  City & State  City & State  City & State  Zip  Country  Zip  Country  2. Suite Address of Country  2. Suite Apt. #, etc.  3. This corporation owes or has paid the current year the personal Property Tax due June 30.  Section 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing 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 agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  The PSD	Additional Required  D May Be d to Fees						
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     City & State     City & State     Zip	Additional Required  May Be to Fees						
22   27   27   City & State   City & State   City & State   28   Country   29   Country   21   25   29   330   Personal Property Tax due June 30.   Yes   29   310   Name and Address of New Registered Agent   10.	Required  D May Be d to Fees ntangible						
City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  R. This corporation owes or has paid the current year I personal Property Tax due June 30. Yes  Personal Property Tax due June 30. Yes  RROWN, GARY L. (C.P.A.)  8401 & W. 87TH AVE.  SUITE 203  MIAMI FL 33173  83  R4 City  FL 85 Zit  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 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 agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or president agent and tile if applicable. (NOTE Registered Agent signature required when renetating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  NAME  PEDERSEN, GUNNAR  STREET ADDRESS  14 CITY-ST-ZIP  N MIAMI BCH FL  11 TILLE  13 STREET ADDRESS  CITY-ST-ZIP  N MIAMI BCH FL  14 CITY-ST-ZIP	May Be d to Fees ntangible						
Zip Country Zip Country 28	to Fees ntangible						
Zip 25 29 30 10. Name and Address of New Registered Agent  BROWN, GARY L. (C.P.A.) 6401 S.W. 87TH AVE. SUITE 203 MIAMI FL 33173  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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. TITLE  PSD  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  STREET ADDRESS  GITY-ST-ZIP  N MIAMI BCH FL  13. STREET ADDRESS  GITY-ST-ZIP  14. CITY-ST-ZIP	ntangible						
24 25 29 30 Personal Property Tax due June 30. Yes  9. Name and Address of Current Registered Agent  BROWN, GARY L. (C.P.A.) 6401 S.W. 87TH AVE. SUITE 203 MIAMI FL 33173  82 Street Address (P.O. Box Number is Not Acceptable)  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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City FL 85 Zignature, byte or profess range of registered agent and talle if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City-ST-ZIP  NAME  PEDERSEN, GUNNAR  15. TREET ADDRESS  CITY-ST-ZIP  N MIAMI BCH FL  14. CITY-ST-ZIP							
BROWN, GARY L. (C.P.A.) 6401 \$.W. 87TH AVE. SUITE 203 MIAMI FL 33173  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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  MAKE PEDERSEN, GUNNAR 12. Name PEDERSEN, GUNNAR 12. Name STREET ADDRESS CITY-ST-ZIP NAMAMI BCH FL  13. STREET ADDRESS CITY-ST-ZIP	L] No						
BROWN, GARY L. (C.P.A.) 6401 S.W. 87TH AVE. SUITE 203 MIAMI FL 33173  82 Street Address (P.O. Box Number is Not Acceptable)  83 Interpretation of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typod or printed name of registered agent and title if applicable.  NAME  PEDERSEN, GUNNAR  12 NAME  STREET ADDRESS  IN MIAMI BCH FL  IN MIAMI BCH							
SUITE 203 MIAMI FL 33173  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 Zignature, typed or printed name of registered agent and talle if applicable.  86 Signature.  87 Street Address (P.O. Box Number is Not Acceptable)  88 Street Address (P.O. Box Number is Not Acceptable)  89 Street Address (P.O. Box Number is Not Acceptable)  80 Street Address (P.O. Box Number is Not Acceptable)  81 Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zignature to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing office or registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  85 SIGNATURE  86 Signature, typed or printed name of registered agent and talle if applicable.  86 (NOTE Registered Agent signature required when reinstating)  87 DATE  18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19 Signature, typed or printed name of registered agent and talle if applicable.  10 DELETE  11 TIPLE  11 TIPLE  12 NAME  13 STREET ADDRESS  14 City  14 City-ST-ZIP  15 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  12 NAME  13 STREET ADDRESS  14 City  14 City-St-Zip  15 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10 ADDITIONS/CHANGES TO OFFICE							
SUITE 203 MIAMI FL 33173  83  City  FL  85  City  FL  85  Zip  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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PSD  DELETE  1.1 TITLE  PSD  PEDERSEN, GUNNAR  STREET ADDRESS  I 6465 NE 31ST AVE  N MIAMI BCH FL  1.4 CITY-ST-ZIP  N MIAMI BCH FL  1.4 CITY-ST-ZIP							
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 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE							
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 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  ITILE  PSD  DELETE  1.1 TITLE  PEDERSEN, GUNNAR  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  N MIAMI BCH FL  1.4 CITY-ST-ZIP							
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 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  ITILE  PSD  DELETE  1.1 TITLE  PEDERSEN, GUNNAR  1.2 NAME  STREET ADDRESS  I 6465 NE 31ST AVE  N MIAMI BCH FL  1.4 CITY-ST-ZIP	Code						
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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	ils registered						
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  PSD  DELETE  1.1 TITLE  PEDERSEN, GUNNAR  STREET ADDRESS  16465 NE 31ST AVE  N MIAMI BCH FL  N MIAMI BCH FL  NOFFICERS AND DIRECTORS  (NOTE: Registered Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  N MIAMI BCH FL  1.4 CITY-ST-ZIP	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.						
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE PSD DELETE 1.1 TITLE  NAME PEDERSEN, GUNNAR  STREET ADDRESS  LOTY-ST-ZIP N MIAMI BCH FL  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  1.1 TITLE  1.2 NAME  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP	SIGNATURE						
TITLE         PSD         DELETE         1.1 TITLE         Change           NAME         PEDERSEN, GUNNAR         1.2 NAME           STREET ADDRESS         16465 NE 31ST AVE         1.3 STREET ADDRESS           CITY-ST-ZIP         N MIAMI BCH FL         1.4 CITY-ST-ZIP	DC IAI 12						
NAME         PEDERSEN, GUNNAR         1.2 NAME           STREET ADDRESS         16465 NE 31ST AVE         1.3 STREET ADDRESS           CITY-ST-ZIP         N MIAMI BCH FL         1.4 CITY-ST-ZIP							
STREET ADDRESS  16465 NE 31ST AVE  1.3 STREET ADDRESS  N MIAMI BCH FL  1.4 CITY-ST-ZIP							
CITY-ST-ZIP N MIAMI BCH FL 1.4 CITY-ST-ZIP							
	Addition						
NAME PEDERSEN, JUDI 2.2 NAME							
STREET ADDRESS 16465 NE 31ST AVE 2.3 STREET ADDRESS							
CITY-ST-ZIP N MIAMI BCH FL 2.4 CITY-ST-ZIP							
TITLE DELETE 3.1 TITLE Change	Addition						
NAME 3.2 NAME							
STREET ADDRESS 3.3 STREET ADDRESS							
CITY-ST-ZIP 3.4 (11Y-S1-ZIP							
TITLE DELETE 4.1 TILE Change	☐ Addition						
NAME 4. 2 AME							
STREET ADDRESS 4.3 REET ADDRESS	ļ						
CITY-ST-ZIP	Addition						
NAME 52 ME							
STREET ADDRESS 5.3 MEET ADDRESS							
CITY-ST-ZIP 54 C !Y-ST-ZIP							
TITLE DELETE 61 LE Change	Addition						
NAME 62 N ME							
STREET ADDRESS 6.3 S PIEET ADDRESS							
City-St-ZiP 6.4 (LY-St-ZiP							
14. I hereby certify that the information supplied with this filing does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the indicated on this annual report or supplemental annual report is true and accurate are that my signature shall have the same legal effect as if made under oath, I officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name a Block 12 or Block 13 if changed, or on an attachment with an address.							