## 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. Corporation Name

APONTY IS IN THE M34348

(6)

FILED								
May 04 1998 8:00am								
Secretary of State								

MONI	r's in the Ghove, inc.							
Principal Place of Business Mailing Address					,	- 1 100/100/11 130 (1111 9/30/0 1111) 6/03/1 1011 (110) D/#/	I BIBII OFBII BI	
2550 SOUTH BAYSHORE DRIVE 5901 S.W. 74 STREET								
MIAMI FL 33133 SUITE 408						DO NOT WRITE IN THIS	CDACE	
US MIAMI FL 33143 US						3. Date Incorporated or Qualified	SPACE	
		00				06/25/1986		
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number		pplied For
21 26						59-2689060	<b>├</b> ~~- <b>┤</b> —	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.								Additional
22	27					5. Certificate of Status Desired		Required
City & State City & State						6. Election Campaign Financing	\$5.00	) May Be
23	28					Trust Fund Contribution		to Fees
Zip	Country	Zip	Country			8. This corporation owes or has paid the cu		tangible
24	25	29	30					No
	9. Name and Address of Current	Registered Agent		64		10. Name and Address of New Registered	Agent	<u> </u>
	AZ, MANUEL A.		-	81	Name			
2665 & BAYSHORE DR				62	Street Addre	ess (P.O. Box Number is Not Acceptable)		
STE 1100								
Mil	AMI FL 33133		J	83				J
			•	84	City	FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508 Florida Statu	es, the at	DOVE-1	named corpo		f changing	its registered
office or r	egistered agent, or both, in the State or familiar with, and accept the obligation	of Florida, Such change was	authorized	d by t	he corporation	pration submits this statement for the purpose of on's board of directors. I hereby accept the app	ointment as	s registered
•	in tanimar with, and accept the disiga	itoris di, Section poz.0303, Fi	onua siai	uies.				
SIGNATURE	Signature, typod or printed name of registered agen	and title if applicable (NO)	F: Registered	Agent	signatore required	d when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	DP	DELETE	1.1 (1)	ΙLE			Change	☐ Addition
NAME	KNEAPLER, STEPHEN		1.2 NA	ME	1			
STREET ADDRESS	2550 SOUTH BAYSHORE DRIV	Æ	1.3 STREET ADDRESS		DDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		ZIP			İ
TITLE	VST DELETE			21 THLE			Change	☐ Addition
NAME	DIAZ, MANUEL A.		2.2 NA	ME				ĺ
STREET ADDRESS	2550 SOUTH BAYSHORE DRIV	Æ	2.3 ST	REET AD	DORESS			
CITY-ST-ZIP	MIAMI FL			ITY-ST-				
TITLE	-0	DELETE	3.1 717				Change	Addition
NAME	DIAZ, MANUEL, A		3.2 NA	ME				-
STREET ADDRESS	2550 SOUTH BAYSHORE DRI	Æ	33 ST	AEE1 AC	DDRESS			
CITY-ST-ZIP	MIAMI FL			TY-ST-				ľ
TITLE		DELETE	4.1 TIT				Change	Addition
NAME			4. 2 N	AME	]			ļ
STREET ADDRESS					DDRESS			[
CITY-ST-ZIP				TY-ST-				
TITLE		DELETE	5.1 TIT				Change	Addition
NAME			5.2 NA	MF			_	
STREET ADDRESS					DDRESS			
CITY-ST-ZIP				Y-ST-				
TITLE		DELETE	6.1 TIT				Change	Addition
NAME		<del></del>	6.2 NA					_
STREET ADDRESS					DORESS			}
CITY-ST-ZIP				ry-ST-				
	cartify that the information supplied will	h this filma does not quality f				Section 119.07(3)(i), Florida Statutes, I further or	artifu that the	e information

14. I nereby certify that the information supplied with this filling 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 around 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:
August Classification of the receiver of 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.