FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00				FILED	
COPPORATION		RTMENT OF STATE B. Mortham	Feb 09 1998 8:00am		
ANNUAL REPORT		Secreta	ary of State	1	
	1998	DIVISION OF	CORPORATIONS	Secretary	of State
DOCU!	MENT # M400	46 (8)			
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		-			
Principal Place		Mailing Address		L'INGURATE SIÈ ALQUE MAILE ACITI REGIA UCTE ALBU	. OTOTT OTOTT BERIT GTESS OLDER INDE
4783 N.W. 72 AVE. 4783 N.W. 72 AVE. MIAMI FL 33166 MIAMI FL 33166			DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualified	110 dt ACE
2. Principal Pl	ace of Business	2a. Mailing Address		10/15/1986 4. FEI Number	Applied For
21		26	<u> </u>	59-2739307	Not Applicable
Suite, Apt. a	#, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State	·	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	8. This corporation owes or has paid the	Added to Fees current year Intangible
24	9. Name and Address of Curr	29 ent Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
PEI	rtuz, donaldo H.		81 Name		
5070 SW 154TH AVENUE MIAMI FL 33185			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
ואונר	WILL CO 100		83	·	
			84 City		85 Zip Code
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 its registered 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 agent. I am familiar Juh, and accept the obligations of, Section 607.0505 Florida Statutes.					
	n familiar with, and accept the obl	igations of, Section 6070505 FI	orida Statutes.	essident X	2/3/98
	Signature, typed or printed name of registered		E. Registered Agent signature requi		TE
TITLE	DP OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	PERTUZ, DONALDO H.		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	5070 S.W. 154 AVE. MIAMI FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	PERTUZ, MARIA ELENA 5070 S.W. 154 AVE.		2.2 NAME 2.3 STREET ADDRESS		
City-ST-ZiP	MIAMI FL		2. 4 CiTY-ST-ZiP		
TITLE I		L) DELETE	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. GITY-ST-ZIP		☐ Change ☐ Addition
NAME			4, 2 NAME		_ , _
STREET ADDRESS			4.3 STREET ADDRESS		
TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE		L] DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP	artify that the information supplied	with this filling does not qualify 6	6.4 CITY-ST-ZIP	Section 119.07(3)(i) Florida Statutes I furthe	er certify that the information
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 d	or Block 13 if changed, or on an at	tachment with an address.	Sel	V 9/2/900	(305)592-9783
SIGNATURE: SIGNATURE AND TYPES OR BUILTES NAME OF SIGNING OFFICES OR DIRECTOR					