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

PROFIT CORPORATION ANNUAL REPORT

1998



DIVISION OF CORPORATIONS

FILED Feb 11 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State

	MENT # M4777 SENTRY MANAGEMENT CO			
Principal Place	e of Business	Mailing Address		
9990 SW 77T		9990 SW 77TH AVE		
STE 330		STE 330		
MIAMI FL 331	56	MIAMI FL 33156		DO NOT WRITE IN THIS SPACE
US		U\$		3. Date Incorporated or Qualified
9 Principal P	lace of Business	2a. Mailing Address		03/05/1987 4. FEI Number Applied For
	lace of positions	h 1		4. FEI Number Applied For 65-0222200 Not Applicable
Suite, Apt	#, etc	[26] Suite, Apt. #, etc.		— \$9.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State	e	City & State	·	6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution
Ζιp	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	25	I de la constant de l	30[
	Country Zip Country			
			o Name	
9990 SW 77TH AVE STE 330			62 Street Add	ress (P.O. Box Number is Not Acceptable)
1			82	
MV	AMI FL 33156		[53]	
			84 City	85 Zip Code
11. Pursuant I	to the provisions of Sections 607 0502	2 and 607.1508, Florida Statutes	s, the above-named corp	
agent Lai	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was au ilions of, Section 607 0505, Flor	thorized by the corpora ida Statutes.	tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typind or prioried make of registeric kase i	nt and the Capperable (NOTE	Registered Agent signature requi	ired when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	- · ·	☐ DELETE	1.1 TITLE	Change Addition
NAME			1.2 NAME	
STREET ADDRESS	9990 SW 77TH AVE STE 330		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		14 CITY- ST-ZIP	
TITLE	PD	☐ DELETE	21 TITLE	Change Addition
NAME	CARRAZANA, GEORGE		2 2 NAME	
STREET ADDRESS	9990 SW 77TH AVE STE 330		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	DELETE	2 4 CITY-ST-ZIP	☐ Change ☐ Additio
TITLE NAME			3.1 THE 3.2 NAME	LLI Criange LLI Mobilio
STREET ADDRESS			3.3 STREET ADDRESS	
1			3.4. CITY - ST - ZIP	
CITY-ST-ZIP TITLE		DEFETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELFTE	51 TITLE	Change Additio
NAME			52 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	l.		5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Additio
NAME			6 2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CHY+ST+Z#P	
14. I hereby d	certify that the information supplied wi	th this filing closs not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information

is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in