							* **
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00						FILED	
PROFIT CORPORATION			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham		-	May 04 199	8 8:00am
ANNUAL REPORT 1998		1111	Secretary of State DIVISION OF CORPORATIONS			Secretary	of State
DOCU 1. Corporation	MENT # M519	42	(4)				
A DRA	IN ALL, INC.					I IDAIFERN MIC SNICK KENN ANDER KER BEDER AND	(1 416)
Principal Plac	e of Business	Maili	ing Address		<del></del>		
14650 SW 73RD LANE P.O. BOX 970138 MIAMI FL 33183 MIAMI FL 33187							
		US				DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE
2 Principal P	Place of Business	[ 2= 1	Mailing Address		<del></del>	05/12/1987 4. FEI Number	
21	IBCO OF DOSINOSS	26	0.0 By 970	3E10		65-0036903	Applied For Not Applicable
Suite, Apt.		27	uite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		28	ity & State ,	FI	·	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25 9. Name and Address of Curi	29	33197	30	untry	This corporation owes or has paid the cure Personal Property Tax due June 30.      Name and Address of New Registered	Yes No
14	CALONA, MANUEL 850 SW 73RD LANE AMI FL 33183				81 Name 82 Street Ad 83	dress (P.O. Box Number is Not Acceptable)	
		···			84 City	FL	85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the ob-	502 and 607 ate of Florida ligations of, S	.1508, Florida Statu Such change was lection 607.0505, F	ites, the a authorize lorida Sta	bove-named co d by the corpor tutes	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered	Spent and tille if a	ppiicable (NO	TE: Registere	d Agent signature req	(Ured when reinstating) DATE	
12.	OFFICERS A	ND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
NAME STREET ADDRESS	ESCOLONA, MANUEL 14650 SW 73RD LANE		☐ DELETE	1.1 Ti	AME		D DIRECTORS IN 12 Change Addition Change Addition
CITY-ST-ZIP	MIAMI FL 33183				TREET ADDRESS		Ü
TITLE			DELETE	211			☐ Change ☐ Addition Ö
NAME STREET ADDRESS				2.2 N			
CITY-ST-ZIP					TREET ADDRESS		
TITLE			DELETE	311			☐ Change ☐ Addition
NAME				3.2 N	i		
STREET ADDRESS					IREET ADDRESS		
CITY-ST-ZIP TITLE			☐ DELETE	3.4. C 4.1 TI	ITY-ST-ZIP		Change Addition
NAME				4.2 N	1		change reduction
STREET ADDRESS					REET ADORESS		
CITY-ST-ZIP		<del></del>			TY-ST-ZIP		
TITLE NAME			☐ DELETE	5.1 TI	II		Change Addition
STREET ADDRESS				5.2 N/ 5.3 ST	REET ADDRESS		
CITY-ST-ZIP					TY-ST-ZIP		
TITLE			☐ DELETE	6.1 Tr			Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

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). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and their 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 its eport 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: A TVEL SCADOR