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

PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

l _		1998		10 TE .	DIVISION OF C	JURPUR	MATI	UNS		1				
Ę.	OCUI Corporation FB&/		# M552 TISING, INC.	88	(8)									
Pri	incipal Place	of Busines	s	Ma			ii ofok bibli i	isati birib di	811 818 11 1881					
1	Principal Place of Business Mailing Address 116 ALHAMBRA CIR 116 ALAHAMBRA CIR													
	TE 220	in VIII			STE 220					ì				
CORAL GABLES FL 33134					CORAL GABLES FL 33134					DO NOT WRITE IN THIS SPACE				
us					US					3. Date Incorporated or Qualified				
										07/09/1987				1
	Principal Place of Business				2a, Mailing Address					4. FEI Number			pplied For	4
21	21 Suite, Apt. #, etc.				26 Suite Act # etc					59-2824410			lot Applicable	4
22					Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional Required	1
221	City & State				City & State					6. Election Campaign Financing				┧
23	Only & State			28	28					Trust Fund Contribution			May Be I to Fees	
Ļ,	Zip	Country			Zip	Country				8. This corporation owes or has pa				
24 25					29 30					Personal Property Tax due June 30. Yes No				
g. Name and Address of Current Registered Agent										10. Name and Address of New Re	gistered A	gent		4
SUITE 2B BIRD, INC.							81	Name						-
6262 BIRD RD,								Street	Addre	ss (P.O. Box Number is Not Acceptal	ole)			1
SUITE 2B														4
1	MIA	MI FL 331		83								1		
								City FL 85				85 Zip	Code	1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida Such change was authorize agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Sta									corpo	ration submits this statement for the p		changing	its registered	1
	office or re agent, Lan	egistered ag n familiar wi	ent, or both, in the Sta th, and accept the ob-	ate of Florida Troations of	a. Such change was a Section 607.0505. Flo	d by tutes	the corp	ooratio	n's board of directors. I hereby accep	of the appo	intment a	s registered		
	SNATURE _		, , = : : : : :	3										
		Signaturo, typied	or printed name of registered			Registere	d Age	ent signature	required	when reinstating)	DATE			10
12		OFFICERS ANI								ADDITIONS/CHANGES TO OFFICE				CR2E034 (10/97)
THIL	Į.	PD FEMANDEZ 100E 1			• • • • • • • • • • • • • • • • • • • •		1 † TITLE		ļ		ı	Change	Addition	E
NAN	· · · · · · · · · · · · · · · · · · ·							1.2 NAME						절
1	TREET ADDRESS 116 ALHAMBRA CIRCLE				in the second se			.3 STREET ADDRESS						问
_	CITY-ST-2IP CORAL GABLES FL							I.4 CITY-ST-ZIP			₁	1000	F 1 42300.	採
	ITTLE				· 			2.1 TITLE			Ļ	Change	Addition	1
NAME CONCERT LINDRICES				2.2 N				.nores					1	
STREET ADDRESS							ADDRESS						1	
CITY-ST-ZIP TITLE				DELETE 3.1 TO			ST-ZIP	<u> </u>		₁	Change	Addition	1	
											— വൈഗിമ	Muonion	1	
NAME CTRCET ADDRECC					3.2 NA			*********						}
STREET ADDRESS								ADDRESS						[
CITY-ST-ZIP					DELETE 4.1 TIT			- ST- ZIP				Change	☐ Addition	1
NAME					4.2 N			1				0.41190		1
STREET ADDRESS					II.			ADORESS						1
STREET ADDRESS 4.35													1	
TITLE					DELETE 5.17(1)			1- <u>c</u> ir			—т	Change	Addition	1
NAME					5.2 NA						_			}
STREET ADDRESS						5.3 STREET ADDRESS								{
							I CITY-ST-ZIP							1
TITIF					DELETE 6.1 TIT			1 - EST			T	Change	Addition	1

14. Thereby 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 recovery of the corporation or the recovery of the corporation of the corporation of the corporation of the recovery of the corporation of the corporation of the corporation of the recovery of the corporation of the corporation of the recovery of the corporation of t **SIGNATURE**

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP