FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00						FILED			
	PROFIT CORPORATION		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham			May 01 199			
ANNUAL REPORT 1998				try of State CORPORATIONS		Secretary of State			
ľ	MENT # M on Name EHAR CORPORATIO	63165 N	(8)						
Principal Place of Business Mailing Address									
1541 BRICKELL AVENUE #1004 MIAMI FL 33129			1541 BRICKELL AVENUE #1004 MIAMI FL 33129			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 12/02/1987			
	Place of Business	20.	Mailing Address		_	4. FEI Number		Applied For	
21 Suite Ant	MAURICIO BEHAR	26	Suite, Apt. #, etc.			65-0015357		Not Applicable	
22	MIAMI, FL. 33229	27	#	2002		5. Certificate of Status Desired	-	3.75 Additional Fee Required	
City & Sta	ile	28	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
Zip	Country		Zıp	Country		8. This corporation owes or has paid the			
24	25 g. Name and Address	29		30		Personal Property Tax due June 30. 10. Name and Address of New Registe	☐ Ye		
41 Pursuani	#1541 BRICKELL AVENUE #1004 MIAMI FL 33129 It to the provisions of Section registered agent, or both, in gentlamiliar with and accept	ns 607 0502 and 60	7 1508, Florida Statu a. Such change was Spection 607 0505, Florida	83 84 City	corno	ration submits this statement for the purpo	FL 85 se of char appointm	nging its registered	
SIGNATURE									
12.	Signature, typied or printed name of CYFF	TOURS AND DIRECT		E Registered Agent signature 13.	required	when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		ECTORS IN 12	
TITLE	PSO	TOTAL CONTRACTOR	DELETE	1.1 TOTLE		ADDITIONOVIANIQUO TO OFFICERO		nange Addition	
NAME STREET ADDRESS	BEHAR, MAURICIO			1.2 NAME 1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL	,		1.4 CITY-ST-ZIP					
TITLE			DELETE	2 1 TITLE	\vdash			hange Addition	
NAME				2.2 NAME	ĺ				
STREET ADDRESS	•			2.3 STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		☐ DELETE	2.4 CITY - ST - ZIP	 		176	hange Addition	
TITLE NAME				3 1 TITLE 3 2 NAME				mange Notation	
STREET ADDRESS				3.3 STREET ADDRESS	ĺ				
CITY-ST-ZIP				3 4. CITY - ST - ZIP					
THILE			DELETE	4.1 TITLE				hange Addition	
NAME				4 2 NAME					
STREET ADDRESS	ļ			4.3 STREET ADDRESS	[
CITY-ST-ZIP			OELETE	4.4 CITY - ST - ZIP				hange Addition	
TITLE NAME			ריין מנרבוב	5.1 TITLE 5.2 NAME			ب	mange Mudilloll	
STREET ADDRESS				5.3 STREET ADDRESS					

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 or Block 13 if changed, or on an address.

SIGNATURE:

5.4 City-St-ZiP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE: __

STREET ADDRESS

CITY - ST - ZIP

TITLE

Change

___ Addition