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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

Ð	(PHESS MAHK	ETING, INC.							
Principal Place of Business			Mailing Address				I INDRIDATE TITE THE LIBERT ATTENDATED THE BEAUTH BEAU		
6201 NW 66ST			7403 SW 127 PLACE	7403 SW 127 PLACE					
SUITE 5			MIAMI FL 33183				DO NOT WRITE IN THIS SPACE		
MIAMI FL 33166 US			US				3. Date Incorporated or Qualified		
00							04/21/1988		
2. Prin	cipal Place of Busi	ness	2a. Mailing Address					pplied For	
21			26					t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75	Additional	
22			27				Fee Re	quired	
City & State			City & State				8. Election Campaign Financing \$5.00		
23 Zip		Country					Trust Fund Contribution LJ Added t		
24	25		+	29 30			8. This corporation owes or has paid the current year Intagible Personal Property Tax due June 30. Yes No		
<u> </u>	9, Name	and Address of Currer					10. Name and Address of New Registered Agent		
	PORTELA, JR	RENE		B1	Na	me			
8201 N.W. 66 STREET SUITE #5				82	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33166				02	311	set Addre	ass (F.O. Box Normber is Not Acceptable)		
(Ma dir. † 2 00 100				83					
				84	Cit		■ 85 Zip 0	Code	
							FL T		
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 with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE									
12.		OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12	
TITLE	PSD		☐ DELET e	1.1 TITLE			Change	☐ Addition	
NAME		A, RENE JR.	•	1.2 NAME					
STREET A		W. 127 PLACE		1.3 STREET	I ADDRI	.ss			
CITY-ST-		·L	DELETE	1.4 CITY - S	ST-ZIP		Change	Addition	
TITLE	VTD Portela, rene sr.		ר⊒ מנננונ	2.1 TITLE 2.2 NAME			L_J Change	☐ Addition	
NAME	TREET ADDRESS 2810 S.W. 92ND PLACE			2.3 STREET ADDRESS		-00			
	Y-ST-ZIP MIAMI FL			2. 4 CITY-ST-ZH		.55			
TITLE	20 1000		DELETE	3.1 TITLE	01-44		Change	Addition	
NAME				3.2 NAME					
STREET A	DORESS			3.3 STREET	ADORE	ss			
CITY-ST-	ZIP			3.4 CITY-	S1-ZIP				
TITLE			☐ DILETE	4.1 TITLE			Change	Addition	
NAME				4. 2 NAME					
STREET A	DORESS			4.3 STREET	(ADDRI	SS			
CITY-ST-	ZIP		Therese	4.4 CITY-5	ST - ZIP			T Addition	
TITLE			☐ DELETE	51 TITLE			☐ Change	Addition	
NAME				5.2 NAME					
STREET A				5 3 STREET		SS			
CITY-ST- TITLE	ZIP		DELETE	5.4 CITY - 5	SI - ZIP		Change	Addition	
NAME	1		- Parent	6.2 NAME		1	<u> </u>		
STREET AL	nnares			6.3 STREET	r ADDRI	:ss			
CITY-ST-	21P		\sim	6.4 CITY-5	ST-ZIP			:	
14. I h	ereby certify that th	e information supplied	ith this filing does not qualify for	the exemp	tion s	tated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the	information	
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 angular 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 charged, or on an attachment with an address.									

14. I hereby certify that the informal indicated on this annual report officer or director of the corporations.