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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	IA CORPORATION	9 (9)					
Principal Place of Business Mailing Address							
9691 SW 72 ST 9691 S.W. 72ND MIAMI FL 33173 MIAMI FL 33173 US					DO NOT WRITE IN THIS	SPACE	
1					3. Date Incorporated or Qualified		
2 Principal D	lace of Business	2a. Mailing Address			09/09/1988 4. FEI Number	Analized For	
21		26		65-0074967	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required		
City & Stat	28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	/	8. This corporation owes or has paid the cu	_ , ,	
24					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Hegistered	Agent	
DIAZ, AMERICO				1			
9691 S.W.72 ND STREET			82	Street Add	dress (P.O. Box Number Is Not Acceptable)	,	
į Mil	AMI FL 33173		83	 			
,							
			84	City	FL	85 Zip Code	
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 agen	t and title if applicable. (NC	TE: Registered Ag	ent signature requ	lired when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.	<u></u>	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	PDS	☐ DELETE 1.				Change Addition	
NAME	511 tz / 1 till 5 till 5		1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY - ST - ZIP	MIAMI FL 33173		1.4 CITY - S	ST-ZIP			
TITLE	VDT	DELETE 2:				☐ Change ☐ Addition	
NAME	ALVAREZ, ESTEBAN A		2.2 NAME				
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •		2.3 STREET				
CITY-ST-ZIP	MIAMI FL 33173		2. 4 CITY-	ST-ZIP		Change Addition	
TITLE	f nerrie		3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
C(TY-ST-Z)P		DELETE	3.4. CITY - 5	ST-ZIP		Change Addition	
TITLE	""		4.1 TITLE			C Change C Addition	
NAME			4, 2 NAME	1000000			
STREET ADDRESS				ADDRESS		ļ	
CITY-ST-ZIP TITLE		DELETE	4,4 CITY-S 5.1 TITLE	i i - ZIP		☐ Change ☐ Addition	
liite		TT DETENT	5.1 HILE	1		C outside C vanitigit	

6.4 CITY-ST-ZIP 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 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 attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

DELETE

01-10-98

☐ Change

Addition

FILED

Jan 29 1998 8:00am

Secretary of State