FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUI Corporation	MENT # N2680	0 (5)			
	A CRISTIANA CRECIENDO				III BATU BATU BATU BATU ATU
Principal Plac	e of Business	Mailing Address		FIGURIUM BEN ITATO BILDE IDIN BERIK BOK BIDER DII	III ELEH AMAN DIBN BIBU 1981
7455 NW 57 8TR PO BOX 4846				3. Date Incorporated or Qualified	
TAMARAC FL 30 US	3075	HIALEAH FL 33014 US		06/06/1988	
				4. FEI Number	Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address		NOT APPLICABLE	\$8.75 Additional
21		26		5. Certificate of Status Desired	Fee Required
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State		City & State		7. Is this nonprofit corporation a homeowner	Added to Fees
23		28		☐ Yes ☐ No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25 9. Name and Address of Currer	29 September Accept	[30]	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes 440
	3. Rame and Address of Corre	it megistered Agent	81 Name	TO. Haile Bit Address of New negistered	want
NE JEST	IS JOSE ITHS			(0.0 D. N	·
DE JESUS, JOSE LUIS 11130 NW 23 CT			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	SPRING FL 33065		63		
			84 City		85 Zip Code
11 Curaman	to the provisions of Postions 617 060	2 and 617 1509 Florida State	too the same semed so	FL	f abanding its societored
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by the corpora	poration submits this statement for the purpose o ation's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	in laminar with, and accept the oblig	alions of, Section 617.0505, P	ionda Stautes.		
	Signature, typed or printed name of registered age			uited when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS ANI	Change Addition
NAME	DE JESUS, JOSE L.	- Octiv	1.2 NAME		C onlings C redution
STREET ADDRESS	661 N.E. 159TH STREET		1.3 \$TREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change
NAME	GARCIA, ANGEL		2.2 NAME		
STREET ADDRESS	2540 N.W. 98TH WAY CORAL SPRINGS FL		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CESTERO, CARLOS		3.2 NAME		
STREET ADDRESS	11130 N.W. 23RD CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	I T DELETE	3.4. CITY - ST - ZIP		Change Addistre
TITLE NAME		☐ DELETE	4.1 FITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.2 NAME 14.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME		ين مدر ال	6.2 NAME		crange requirer
STREET ADDRESS			6.3 STREET ADDRESS		
CITY CT NO			CACITY OF THE		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jonil 21, 1999 - 305-572-2820

FILED

Apr 28 1998 8:00am

Secretary of State