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, NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

N9300000580 (1)

## FILED Apr 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					
				T KADUKNAN DIR HAIRA KINIY BALIKI BATUK	
100 S.E. 2ND ST 37TH FLOOR 100 S.E. 2ND ST 37TH F MIAMI FL 33130 MIAMI FL 33130			FLOOR	3. Date Incorporated or Qualified  02/10/1993  4. FEI Number  Applied For	
	· · · · · · · · · · · · · · · · · · ·			65-0398665 Not Applic	
2. Principal P	Place of Business	2a. Mailing Address		5. Certificate of Status Desired S8.75 Addition Fee Regulred	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & Stat	e	City & State		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	<b>28</b>	Country	Yes No	
- Zip	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
<u></u>	9. Name and Address of Curre		1001	10. Name and Address of New Registered Agent	
			81 Name		
BEFELE	r, george		62 Street Ac	dress (P.O. Box Number is Not Acceptable)	
100 S.E. 2ND ST., 37TH FLOOR					
	s Bank Tower		83		
MIAMI F	L 33130		84 City	84 City 85 Zip Code	
				orporation submits this statement for the purpose of changing its registeration's board of directors. I hereby accept the appointment as register	
SIGNATURE	Signature, typed or printed name of registered ag	coll and title if applicable (NC	TE: Registered Agent signature rec	Quired when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE D	Change PA	
NAME	ALVAREZ, ERNESTO		1.2 NAME	13240 SW 17 LANG # 8	
STREET ADDRESS	2121 PONCE DE LEON		1.3 STREET ADDRESS	miani Fl. 33175	
CITY-ST-ZIP	CORAL GABLES FL	<b>T</b>	1.4 CITY - ST - ZIP		
TITLE	D DESCRIPTION OF SPACE	☐ DELETE	2.1 TITLE	D Sefeler. Seorce Ad	
NAME	BEFELER, GEORGE	304	Z.Z NAMIL	00 se and Street, #3700	
STREET ADDRESS	150 W FLAGLER ST SUITE 2	2/01	2.5 STREET AUDITESS	miami, PL, 53131	
CITY-ST-ZIP	MIAMI FL D	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Change Ad	
NAME	SALUME, ADOLFO		3.2 NAME	MOND WING MES	
STREET ADDRESS	501 BRICKELL AVE SUITE 20	00	3.3 STREET ADDRESS	125 AD EM IJK CHARA P	
CITY-\$T-ZIP	MIAMI FL		3.4. CITY - ST - ZIP	Michaelli 1517	
TITLE	D	DELETE	4.1 TITLE TO	☐ Change ← Add	
NAME	HENRIQUEZ, RAUL		4. 2 NAME	CALLE CALLE CINNESHAM	
STREET ADDRESS	777 BRICKELL AVENUE, SUI	TE 1010	4.3 STREET ADDRESS	771 BW 134 Tenece	
CITY-ST-ZIP	MIAMI FL		4.4 CITY - ST - ZIP	Miamy F1.33156	
ITLE	VP	☐ DELETE	5.1 TITLE	Change Add	
VAME	SOLER, ANA V		5.2 NAME	oler Analy	
STREET ADDRESS	200 E. 65TH STREET		5 3 STREET ADDRESS	000 6. 65 St. Aut 20FG	
CITY-ST-ZIP	NEW YORK NY 10021	T7 55, 555		vew york, New York 10021	
TALE		DELETE	6.1 TITLE $\mathcal{P}$	Maria Luz Gemez Change	
name .			6.2 NAME	5991 8 W IST Temace	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP	mia., Pl. 33/12	

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: V. C. C. C. C. C. C.

3-10-98 (305)379-83()