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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P9200000090 (0) DOCUMENT

RENE NAVARRO P.A.

,,,,,,,,					
Principal Plac	e of Business	Mailing Address			
250 CATALON	JIÁ AVF.	250 CATALONIA AVE.			
STE. 505		STE. 505			
CORAL GABLES FL 33134		CORAL GABLES FL 3313	14	DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a. Mailing Address		10/27/1992 4. FEI Number Applies	
21	add of Edsinoss	26		1.0	o For oplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		- \$8.75 Addit	<u> </u>
22		27		5. Certificate of Status Desired Fee Require	
City & Stat	e	Cily & State		6. Election Campaign Financing \$5.00 May	/ Ba
23		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Inlangi	ble
24	25	29	30	Personal Properly Tax due June 30. 🗹 Yes 🔲 No)
-	9. Name and Address of Currer	nt Registered Agent	A41 31	10. Name and Address of New Registered Agent	
	VARRO, RENE		81 Name		
250 CATALONIA AVE.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	505		83		
CO	RAL GABLES FL 33134		03		
			B4 City	85 Zip Code	3
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1608 Florida Statut	on the above named corr	FL 219 color	pictored
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized by the corporat	ooration submits this statement for the purpose of changing its re- tion's board of directors. I hereby accept the appointment as region	stered
1 -	m familiar with, and accept the oblig	ations of, Section 607.0505, FK	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	int and little if applicable (NOT	f. Progistered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE	D	DELF 1E	1.1 TITLE	Change	Addition
NAME	NAVARRO, RENE		1.2 NAME		
STREET ADDRESS	250 CATALONIA AVE., STE. 5	505	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREFT ADDRESS		
CITY-ST-ZIP		- I Briese	2.4 CITY-ST-ZIP		
TOLE		DELÉTE	3.1 TITLE	☐ Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Deith	3.4. CITY-ST-ZIP	0)	Addition
TITLE		[] DELETE	4.1 TILE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP	☐ Change ☐	Addition
NAME		□ ntrrit	5.1 TITLE	□ cuange □	AUUIUUII
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CHY-ST-ZIP			i e		
TITLE		DELETE	5.4 CITY-ST-7IP 6.1 TITLE	Change	Addition
NAME		C *******	6.2 NAME	coango	. Addition
STREET ADDRESS			I		ļ
SINCE I ADURESS			6.3 STREET ADDRESS		

CITY-ST-ZIP

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 annual report is true and accurate and that my signature shall have the same logal 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 in attachment with an address.

0 1998 3054477