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

DOCUMENT # P92000002486 (8)

PEDRO G. VALDES, C.P.A., P.A.

FILED Apr 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					- I CONTRANT FOR LOUIS FIRST DOTAL DUTIL CONTRACT	BUILD SIDM DIDAN IDING BIN 1001
5100 NORTH	FEDERAL HIGHWAY	5100 NORTH FEDERAL	. HIGHWAY			
200				DO NOT INDITE IN T	110 AD LOE	
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33			33308		DO NOT WRITE IN THIS SPACE	
US	υs		1	3. Date Incorporated or Qualified		
9 Principal P	lace of Business	2a. Mailing Address		_	11/02/1992 4. FEI Number	Ta ara area
	UNIVERGITY DR	26 2. S.UNI	V=0C	MY DR	1	Applied For
Suite. Ant	#. etc.	Suite, Apt. #, etc.	VERO	17 02	65-0365263	Not Applicable \$8.75 Additional
22 Sv1	TE 330	27 SUITE 3	30	<u> </u>	5. Certificate of Status Desired	Fee Required
	NTATION FL	City & State		FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	29 338a4	<u> </u>	untry USA	8. This corporation owes or has paid the	
24 383			30	מפט	Personal Property Tax due June 30.	∐ Yes ∐ No
	9. Name and Address of Curren	nt Registered Agent		81 Name	10. Name and Address of New Register	eo Agent
	TES, DOUGLAS M			oi Name		
	01 E SUNRISE BLVD			82 Street Addi	ess (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
	ITE 306			00	 <u></u>	
FT	LAUDERDALE FL 33304			83		
				84 City		85 Zip Code
	7				poration submits this statement for the purpos	<u> </u>
agent. Fai SIGNATURE	m familiar with, and accept the oblig	est and title if applicable (N	Florida Sta	tutes.		E
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.11	ITLE		Change Addition
NAME	VALDES, PEDRO G	54/41/ ATE AAA	1.2 M	AME		
STREET ADDRESS	5100 NORTH FEDERAL HIGH	IWAY, SIE. 200	1.3 \$	TREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL			ITY-ST-ZIP		
TITLE		☐ DEFELE	2.1 7	ITLE		Change Addition
NAME			2.2 N	AME		
STREET ADDRESS			2.3 5	TREET ADDRESS		
CITY-ST-ZIP			2.4	CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 7	ITLE		Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 9	TREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 T	ITLE		Change Addition
NAME			4. 21	NAME		
STREET ADDRESS			4.3 5	TREET ADDRESS		
CITY-ST-ZIP			4,4 (ITY-ST-ZIP		
TITLE		☐ DELETE	5.1 T	ITLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 \$	TREET ADDRESS		
CITY-ST-ZIP			5.4 (ITY-ST-ZIP		
TITLE		DELETE	6.1 T	ITLE		Change Addition
NAME			6.2 6	AME		
STREET ADDRESS			6.3 \$	TREET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		

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 changes, of on an attachment with an address.