## 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 #

INTERS  Principal Place	e of Business E BOX 810064	DEVELOPMENT CORP.  Mauring Address  POST OFFICE BOX 8100 SUITE 176 BOCA RATON FL 33481 US			DO NOT WRITE IN THI  3. Date Incorporated or Qualified	
2. Principal Place of Business		2a. Mailing Address		11/23/1992 4. FEI Number	Applied For	
21		26		65-0393937	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required	
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Z(t) Count		,	8. This corporation owes or has paid the o	
24	25 29		30			
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registere	d Agent
	AMA, IGNACLO F.		81			
21682 SAN SIMEON CIRCLE BOCA RATON FL 33422		<b>82</b> Street		Street Ac	ddress (P.O. Box Number is Not Acceptable)	
- BU	CA MATUN FL 33422		83			
			84	City		85 Zip Code
					F	<u></u>
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such ch <b>ange was</b> pations of, Section <b>607,0</b> 505, Fl	authorized by orida Statutes	the corpo	orporation submits this statement for the purpose ration's board of directors. I hereby accept the appropriate of the purpose statement for the purpose ration's board of directors. I hereby accept the appropriate of the purpose of	ppointment as registered
TITLE	D	☐ DEL€1E	1.1 TITLE			Change Addition
NAME LIZAMA, IGNACIO F			12 NAME			
STREET ADDRESS 1500 SAN REMO AVENUE S		ITE 176 1.3 STREET A		ADDRESS		
CITY-ST-ZIP CORAL GABLES FL 33146		December	1.4 City - S1 - ZiP			[] (Al-1-1-) [] (Al-101-1-)
TITLE		☐ DELETE	2.1 TITLE 2.2 NAME	ļ		Change Addition
NAME STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP		2. 4 City-St-ZiP				
TITLE		DELETE	3.1 TITLE		***	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-S1-ZIP 4.1 TITLE			Change Addition
NAME			4. 2 NAME			C change C vooiton
STREET ADDRESS	DDRESS		4.3 STREET	ADORESS		
CITY-ST-ZIP				T-ZIP		
TITLE			5.1 TITLE			Change Addition
NAME	AE		5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	61 TITLE	[		Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		

14. Thereby certify that the information supplied with this tiling 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 comporation on 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 on the appearance of the composition of the composi

May 20 1998 8:00am

Secretary of State