## 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 #** 

P92000010988 (3)

## **FILED** Apr 29 1998 8:00am Secretary of State

I A MALIARE THE NATIONAL AND A MALIARE THE AREA MALIA MA	
Principal Place of Business Mailing Address	01 11011 00110 13101 1018 1011 1601
1080 NW 163RD DR 1080 NW 163RD DR MIAMI FL 33169 MIAMI FL 33169	
DO NOT WRITE IN TI	HIS SPACE
3. Date Incorporated or Qualified 12/11/1992	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 65-0372786 Sulte, Apt. #, etc.	Not Applicable
22 5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation owes or has paid the	
24         25         29         30         Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Register  CTOLAD DAVID M. 81 Name	red Agent
STOLAR, DAVID M	
1350 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154  82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL 185 ZIP COOLS
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11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpositive or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	
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14. 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 changed, on an attachment with an address.

CITY-ST-ZIP

buillermo Bakula 4-21-98 (3/5) (20 3600