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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 16 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P. YRA	N AND B. STORBRAATEN	Mailing Address 1001 N AMERICA WAY STE 115 MIAMI FL 33132 US		DO NOT WRITE IN THE 3. Date incorporated or Qualified 12/10/1992	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0394597	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	to	Cily & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _I p	Country 25	7φ 29	Country 30	This corporation owes or has paid the corporation owes or has paid the corporation of the personal Property Tax due June 30.	
24	9. Name and Address of Curre		[30]	10. Name and Address of New Registered	
DA	DY, ROBERT E		81 Name	10. 110110 010 110110	- Myoni
200	D S BISCAYNE BLVD., SUITE #2	2100	82 Street Add	dress (P.O. Box Number is Not Acceptable)	
FIELDSTONE, LESTER & SHEAR MIAMI FL 33131			63		
MIN	umi el 99191		L <u>i</u>		les l 25 Carl
			84 City	F	L 85 Zip Code
SIGNATURE	Signature typod or printed transc of registration ag	est and title if applicable (NOT ID DIRECTORS	E Flogistered Agent signature requ	rporation submits this statement for the purpose ation's board of directors. I hereby accept the apured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	NAERSTAD, BJORN	442	12 NAME		
STREET ADDRESS	1001 N AMERICA WAY, STE MIAMI FL	115	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MICHITE	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		- · -
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DETELE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY+ST-2IP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		C pirendo C territori
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	The last section of the section of t	DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		İ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 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 arrival 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 of 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 an attachment with an address