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 # P92000013983 (1)

1. Corporatio	AGING COMMUNIC	ATIONS INC.	,000 (1)					
Principal Place of Business Mailing Address						1 601/608 110 10/40 11014 00/11 00/11 00	FILL BOLD E E lbon delso al	1301 3190 3111 1 9 01
11180 W FLAG	SLER ST	11180	11180 W FLAGLER ST					
SUITE 12		SUITE	SUITE 12			DO NOT WRITE IN THIS SPACE		
SWEETWATER	FL 33174	SWEET	SWEETWATER FL 33174			3. Date Incorporated or Qualified		
						12/21/1992		
2. Principal P	lace of Business	2a, Mai	ling Address			4, FEI Number		Applied For
21		26	26			65-0377477		Not Applicable
Suite, Apt	#, etc.	Suit	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8	.75 Additional
22		27				B, Certificate of Status Desired	F	ee Required
City & Stat	e	City	City & Stato			6. Flection Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to Fees		
Zip	-n 1 -1					8. This corporation owes or has p		
24 25 9, Name and Address of Currer			29 30 30			Personal Property Tax due Jun 10. Name and Address of New R		
		or content nogistered		B1	Name	IV. Hame and Hadres of Hell /	ogiotorea rigetti	
	IEVARRIA, NIURKA	10						
	80 W. FLAGLER ST. #1	12			Street Address (P.O. Box Number is Not Acceptable)			
MIA	MI FL 33174							
					. <u></u>			
				84			FL 85	Zip Code
office or r agont I a						poration submits this statement for the ition's board of directors. I hereby acco	purpose of chari	ont as registered
	Signature, typed or printed nation of				nt signaturu requ	ruc when reinslating)	OATE	0.00000000
12.	DP OIT	ICERS AND DIRECTOR	ES DELETE	13,	- · · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFI	CEHS AND DIRE	
NAME	ECHEVARRIA, NIURKA		C J PECCIC	1.2 NAME			.د ري	ango [] rounton
STREET ADDRESS 11180 W. FLAGLER ST. #12			1.3 STHEET ADDRESS					
CITY-ST-ZIP MIAMI FL				1.4 City-St-ZiP				,
TITLE			DELETE	21 HILE		·	☐ Cr	nange Addition
NAME	ECHEVARRIA, JOSE			22 NAME				_
STREET ADDRESS 11180 W. FLAGLER ST. #12				2 3 STREET ADDRESS				
CITY-ST-7iP	MIAMI FL			2. 4 CITY - 5	ST - ZIP			ļ
TITLE			DELETE	3.1 TITLE			☐ Cr	nange 🔲 Addition
NAME				3.2 NAME			-	
STREET ADDRESS				3.3 STREET	ADDRESS			
CHTY-ST-ZIP				3.4 CITY - 5	51 - 26P			
TITLE			DELETE	4.1 10 tE			☐ Cr	nange Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			ļ
CITY-ST-7IP			10	44 CITY-S	I - ZIP		——————————————————————————————————————	j
TITLE			☐ DELETE	51 TITLE				nange
NAME				5 2 NAME				7
STREET ADDRESS				5 3 STREFT			11)/0	20
CITY-ST-ZIP			DELETE	5 4 CITY - S	T-ZIP		10/	nange Addition
THILE			DELETE	611 111		ennanzat		nange 🔲 Addition
NAME				62 NAME		600002 4 1 -01/27/98010	24n25	
STREET ADDRESS				6 a STHEET	1	***150,00	ten I feltrellel	
CITY-ST-ZIP				6.4 CHY-S	T- 71P	TOTAL COLOR COLOR		

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 of 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.

NONATURE BELL

11.158

(25)551-374

FILED

Jan 26 1998 8:00am

Secretary of State