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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



LLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporation ALENIC	MENT # P9300( ;, INC.	0001882 (8)			
Principal Place of Business Mailing Address				a candidar dia latan diini dadii eshir 1944 and	<b>                                    </b>
8325 N. FLORIDA AVE. TAMPA FL 33604 US		NORTHGATE SHELL 8325 N. Fl.A. AVE. Tampa Fl. 33604 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  01/11/1993	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0379895	Not Applicable
Suite, Apt.	#, <b>e</b> tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22			6 Floation Commoistra Financia	Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 <sub>(p</sub>	Country	8. This corporation owes or has paid the	· · · · · · · · · · · · · · · · · · ·
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curren	t Hegistered Agent	81 Name	10. Name and Address of New Registe	red Agent
PEREZ, FERNANDO III SUN BANK BUILDING SUITE 1000 315 E MADISON ST TAMPA FL 33602				dress (P.O. Box Number is Not Acceptable)	
			83		
· · · ·			84 City		last zin Onda
					EL 85 Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of the state		authorized by the corporal lorida Statutes.	poration submits this statement for the purporation's board of directors. I hereby accept the	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	LA PUENTE, AUGUSTO		1.2 NAME		
STREET ADDRESS	6901 N. NEBRASKA AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	T oner	1.4 CITY - ST - ZIP		
TITLE	D DIEDO	☐ DELETE	2.1 TITLE		L. Change . Addition
NAME Street address	<b>SZENBERG, PIERRE</b> <b>69</b> 01 N. NEBRASKA AVE.		2.2 NAME		
CITY-ST-ZIP	TAMPA FL		2 3 STREET ADDRESS	:	•
TITLE	Tom ATE.	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY- S1- ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP		
TITLE.		☐ DELETE	6.1 TITLE	Security Security Security Security Security Security Security Security	Change Addition
NAME Street address			6.2 NAME 6.3 STREET ADDRESS	<b>600002534</b> 7 -05/26/9801035	

ig closs not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information export is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an isster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supplied with this filing indicated on this armual report or supplied entire armual report or supplied entire the filing officer or director of the corporation or the receiver or trist Block 12 or Block 13 if changed or on an attack great with

**FILED** 

May 22 1998 8:00am

Secretary of State