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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Mar 02 1998 8:00am

Secretary of State

DOCUMENT # P93000002124 (4)

	:W I TRAILUR, P.A	יו								
Principal Plac	e of Business	Mailing Ado	dress					1111 M M 1111 M 411	11414	***************************************
9990 SW 77T	'H AVE	9990 SW 7	7TH AVE							
PH-4 MIAMI FL 331	166	PH-4 Miami Fl 3	2166				DO NOT WRITE	E IN THIS :	SPACE	
MIMMI FE 331	190	MIMMI FL S	3130				3. Date Incorporated or Qualified			
							01/11/1993			
2. Principal P	Place of Business	2a. Mailing	Address				4. FEI Number			Applied For
21		26					65-0378554			Not Applicable
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.				5. Certificate of Status Desired		\$8.7	5 Additional
22		27							Fee	Required
City & Stat	e	City & SI	late			1	6. Election Campaign Financing	_		10 May Be
23		28		0			Trust Fund Contribution			d to Fees
Žip	Country	Zip	-	Country	•		8. This corporation owes or has pa	_		
24	9 Name and Address	/ 29 29 Sof Current Registered Age	30 ant	<u>'</u>			Personal Property Tax due June 10. Name and Address of New Ro		Yes	L. No
10	AILOR, ANDREW T			81	Name)	10. (10	91010.00	- 18-111	
	90 SW 77TH AVE.									
PH				82	Street	Addres	s (P.O. Box Number is Not Acceptal	ble)		
	AMI FL 33156			83						
1016	THE 1 C 00 100									
				84	City			FL	85 Zi	p Code
office or r	registered agent, or both, im familiar with, and accep	in the State of Florida. Such on the obligations of, Section	change was auth 607.0505, Florida	rorized by	the cor	d corpor rporation	ation submits this statement for the pois board of directors. I hereby acce	purpose of pt the app	f changing ointment	g its registered as registered
	Classical transfer produced page 6									
-10		registered agent and little if applicable	(NOTE Re		ni sgnalur	e required	when reinstating)	DATE	DIRECT	ODC IN 12
12.	OFF	FICERS AND DIRECTORS		13.	ni sgnalur	e required	when reinstaling! ADDITIONS/CHANGES TO OFFI		_	
TITLE	OFF	ICERS AND DIRECTORS	NOTE RE	13. 1.1 TITLE	nt signatur	e required			DIRECT Chang	
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14. I hereby certify that the information supplied with this ling 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, or on an attachment with an address. 7 17/90 305 19/ 774C SIGNATURE: