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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Apr 28 1998 8:00am Secretary of State

	1998	THE STATE OF THE S	DIVISION OF (CORPORAT	TIONS	Secreta	пус	и эі	aic	
	IMENT # P93(ASINELLI INCORPORAT									
									HAL (JAL (BA)	
Principal Place of Business Mailing Address							OKOH BUMA 114	AL LINEAL BUIDS (S	1101 1101 1001	
12420 SW 22 TERR 12420 SW 22 TERR						· ·				
MIAMI FL 33175 MIAMI FL 33175 US US						DO NOT WRI	E IN THIS!	SPACE		
						3. Date Incorporated or Qualified	i			1
9 Principal	Place of Business 2s. Mailing Address					04/29/1993 4. FEI Number			oplied For	4
21	riace or business	26	milig Address			65-0406295		J	ot Applicable	1
Suite, Apl	t. #, etc.	— <u>—</u>	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	1
City & Sta	ite		y & State			Election Campaign Financing Trust Fund Contribution	Te	\$5.00 Added	May Be to Fees	1
Zip	Country	Zip)	Count	гу	8. This corporation owes or has p	and the cur			1
24	9. Name and Address of C	29	4 6	30		Personal Property Tax due Jur	ne 30.	Yes V	H ₀	4
	ASINELLI, JORGE	urrent negistere	o Agent	8	1 Name	10. Name and Address of New F	egistered (Agent		1
12420 SW 22ND TERRACE				B	2 Street Ar	ddress (P.O. Box Number is Not Accept	abla)			╣
MIAMI FL 33175						ourse (F.C. Dox Normal is Not Accept]
				8	3					
				8	4 City		FL	85 Zip (Code	1
11. Pursuant	t to the provisions of Sections 60	7.0502 and 607.1	508, Florida Statute	es, the abo	ve-named o	orporation submits this statement for the oration's board of directors. I hereby acc		changing it	s registered	1
agent. I	am familiar with, and accept the	obligations of, Se	ection 607.0505, Flo	xida Statut	es.	ration's board of directors. Friendly acc	shrue app	OINTINETIL 45	168isie160	1
SIGNATURE	Signature, typed or printed name of registe	ered agent and title if app	olicable. (NOTE	Registered A	gent signature re	quired when reinstating)	DATE			_
12.		IS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFF	ICERS AND			100
TITLE NAME	DP CASINELLI, JORGE		DELETE	1.1 TITLE				Change	Addition	
STREET ADDRESS		CE			ET ADDRESS					ENSE
CITY-ST-ZIP	MIAMI FL 33175			1.4 CITY	ST-ZIP					្ទនិ
TITLE	DV		DELETE	2.1 TITLE	1			☐ Change	Addition	C
NAME STREET ADDRESS	CASINELLI, MARIA 12420 SW 22ND TERRA	.CE		2.2 NAME	ET ADDRESS					
CITY-ST-2#P	MIAMI FL 33175	OL.		2.3 3 ME						1
TITLE			DELETE	3.1 TITLE				Change	Addition]
MAME CONTEX ADDRESS				3.2 NAME	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				3.4. CITY						
TITLE			DELETE	4.1 TITLE			· · · · · · · · · · · · · · · · · · ·	Change	Addition	1
NAME				4. 2 NAM	1					
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP TITLE	 		DELETE	5.1 TITLE				Change	Addition	1
NAME				5.2 NAME	:					
STREET ADDRESS	1				ET ADDRESS					
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - 6.1 TITLE				Change	Addition	1
NAME	\		tered - Section	6.2 NAME						
STREET ADDRESS				6.3 STREE	ET ADDRESS					
CITY-ST-ZIP	cartify that the Information	lind with this files	does not qualify to	6.4 CITY-		in Section 119 07/2V/3 Elevido Statistan	I further co	ertifu that the	information	1
indicates	t on this convert concert or supple	mod with this filling	oct is true and acc	urata and t	puon siaida	in Section 119.07(3)(i), Florida Statutes.	if made us	dor onthe the	nitorridatori	1

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for an attachment with an addition.

SIGNATURE: