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

FILED May 07 1998 8:00am Secretary of State

	MENT # P9300 IAR CORPORATION	00031776 (6	3)				
Principal Place	e of Business	Mailing Address			L CODICADI LIA CARRA SITILI DALLA DASSI BOSSI DOSSI DOSSI	LIEGO TIBLI TORIS INCIDENT	194
1550 W 84TH ST 1550 W. 84TH S			Ť				
HIALEAH FL	33014	72-73 HIALEAH FL 33014			DO NOT WRITE IN THIS SPACE		
		IMISSINITE VOLIT			3. Date Incorporated or Qualified		
					04/29/1993		
	Il Place of Business 2a. Mailing Address				4. FEI Number	Applied	
21 Suite Apl	1			···-	65-0414393		plicable
22	Suite, Apr. W, etc.				5. Certificate of Status Desired	\$8.75 Addit	
	City & State City & State				6. Election Campaign Financing	\$5.00 May	
23	28				Trust Fund Contribution	/Added to Fe	
Zip	Country	<u> </u>		У	8. This corporation owes or has paid the o		
24	25	29	30		Personal Property Tax due June 30.	Yes No	<u>, </u>
	g, Name and Address of Curre	nt Hegistered Agent	81	Name	10. Name and Address of New Registere	a Agent	
GONZALEZ, RIGOBERTO							
1550 W 84TH ST #72-73 HIALEAH FL 33014			82	82 Street Address (P.O. Box Number is Not Acceptable)			1
110-	4ED417E 33014		83	 			
						Table 3	
			84	,	F		Į
11. Pursuant I office or re agent. I ar SIGNATURE	o the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Florida Stat o of Florida. Such change wat pations of, Section 607.0505, i	utes, the abov s authorized b Florida Statute	re-named corp by the corporal es.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its reg appointment as regis	jistered stered
SIGNATURE	Signature, typed or printed name of registered ag		OTF Registered Ag	ent signature requ	red when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME	PD Gonzalez, Rigoberto					Change	Addition
STREET ADDRESS	454 10 4447 85		1.2 NAME	T ADDRESS			
CITY-ST-ZIP	that Patt Pa		1.4 CITY -:	i i			}
TITLE	111	DELETE	2.1 TITLE	31-211		☐ Change ☐	Addition
NAME			2.2 NAME				\
STREET ADDRESS			2.3 STREE	T ADDRESS			- 1
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		DELETE 3.1				☐ Change ☐	Addition
NAME			3.2 NAME	į į			J
STREET ADDRESS				T ADDRESS			ļ
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP		Change	Addition
NAME			4. 2 NAME	:		C change C	Addition
STREET ADDRESS				T ADDRESS			Ì
CITY-ST-ZIP			4.4 CITY-1	4			ĺ
TITLE		☐ DELETÉ	5.1 TITLE			☐ Change ☐	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	T ADDRESS			j
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐	Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
14 Lhereby C	ertify that the information supplied y	with this filing does not qualify	6.4 CiTY-5		Section 119.07(3)(i) Florida Statutes I further	certify that the infor	mation
indicated	on this annual report or supplement	al annual report is true and a	ccurate and th	at my signatu	Section 119.07(3)(i), Florida Statutes. I further ure shall have the same legal effect as if made to use the charter 607. Florida Statutes and the	inder oath; that I ar	m an

gille acosento Grazones 4/29/98