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 # P93000035502 (2)

FILED Apr 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				
·		546 NE 31ST ST		
546 NE 31ST ST Miami Fl		MIAM) FL		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
9 Principal P	lace of Business	2a. Mailing Address		05/14/1993 4. FEI Number Applied For
21		26		The state of the s
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		\$0.7E
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Ζiρ	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Curr	29	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
1416		Tell Negistered Agent	81 Name	IV. Haille allu Address of New Hogisteled Agolit
WUNL, RUBERI				
	NE 31ST ST		82 Street Addr	ess (P.O. Box Number is Not Acceptable)
MIA	MI FL		83	· · · · · · · · · · · · · · · · · · ·
			84 City	FI 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re				
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE		ngonomo on, econom der recor, rec	The Diameter.	
SIGNATORE	Signature, typod or purited name of registered		Registered Agent signature require	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TOTLE	Change Addition
NAME	WOHL, ROBERT		1.2 NAME	
STREET ADDRESS	546 NE 31ST ST		1.3 STREET ADDRESS	1
CITY-ST-ZIP TITLE	Młami Fl DV	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	☐ Change ☐ Addition
NAME	GOLD, CAROLYN	C otter	2.2 NAME	Onange : Addition
STREET ADDRESS	546 NE 31 ST		2.3 STREET ADDRESS	•
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	DST	DELETE	3.1 TITLE	Change Addition
NAME	WOHL, AGNES		3.2 NAME	
STREET ADDRESS	596 NE 31ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP	
TITLE	D	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ZELMA, GEORGE		4. 2 NAME	
STREET ADDRESS	546 NE 31 ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		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		T Ariete	5.4 CITY-\$T-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 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 chapted, or on an attachment with an address

SIGNATURE

SIGNATU