## 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** #

P93000037348 (8)

1	Principal Place of Business	Mailing Address	·
	9445 BIRD ROAD STE 105 MIAMI FL 33165	9445 BIRD ROAD STE 105 MIAMI FL 33165	

## **FILED** May 14 1998 8:00am Secretary of State

☐ Change

Addition

EUNOII	NAE21' INC'					
Principal Plac	e of Business	Mailing Address				F PORTO I DEGLE DI GRANDI AND
9445 BIRD ROAD STE 105 MIAMI FL 33165		9445 BIRD ROAD STE 105 MIAMI FL 33165		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 05/24/1993	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26	26		65-0439543	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	77.77		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip <b>29</b>	<b>30</b>	ntry	This corporation owes or has paid the Personal Property Tax due June 30.	Yes XNo
	9. Name and Address of Curi	ent Registered Agent	<u>-</u>		10. Name and Address of New Register	ed Agent
SUAREZ, PEDRO				81 Name		
210 SW 48TH COURT APT 1				82 Street A	Address (P.O. Box Number is Not Acceptable)	
MV	AMI FL 33134			83		
				84 City	F	
office or r	i <mark>o me provisions of Sections 607.0</mark> ogi <mark>ste</mark> red agent, or both, in the Sta m f <b>am</b> iliar with, and accept the ob	ate of Horida. Such change was	authorized	by the corp	corporation submits this statement for the purposi poration's board of directors. I hereby accept the a	e of changing its registered appointment as registered
SIGNATURE	Signature, typicd or printed name of registereo	opent and the it apply able (NO	) It : Registerer	Agent signature	required when reinstating) DATI	<u> </u>
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	1		1.1 (1)	LE		Change Addition
		1.2 NA	ME			
STREET ADDRESS	801 HIALEAH DR		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	HIALEAH FL			Y-ST-ZIP		
TITLE	VSD	<b>∐</b> DEL€TE	2.1 70	LE		Change Addition

NAME 3.2 NAME STREET ADDRESS 3 3 STREFT ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change 4.1 TITLE Addition TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

2.2 NAME

3.1 TITLE

DELETE

2.3 STREET ADDRESS

2. 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 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 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 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 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 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 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 is 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 is 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 in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii). Florida Statutes. I further certificated in Section 119.07(3)(ii). Florida Statutes. I further certificated in Section 119.07(3)(ii). Florida Statutes.

SIGNATURE-

NAME

TITLE

STREET ADDRESS

CITY-ST-ZIP

DE ESCUDERO, JIMENA T

**801 HIALEAH DR** 

HIALEAH FL