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 # P93000040537 (1)

SFIVAZ	I MANINE CONFONATION							
Principal Plac	e of Business	Mairing Address					ALDE BUILDE BUILD	0 PERP 400E 400E
7841 SW 183RD TERR MIAMI FL 33157		7841 SW 183RD TERR MIAMI FL 33157				DO NOT WOITE IN T	110 0D 1 OF	
U\$		US				DO NOT WRITE IN THIS SPACE		
						 Date Incorporated or Qualified 06/08/1993 		
2. Principal Place of Business 2a. Mailing Addri			ess			4. FEI Number		Applied For
21		26				65-04 15022 Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required		
City & State		City & State				6 Flyddin 6		
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	7 _(p)				8. This corporation owes or has paid the current year Intangible		
24	25 29 30		30			Personal Property Tax due June 30.	Yes	□ No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registe	red Agent	···
TZI	el ep is, george			81	Name			
784	41 SW 183RD TERRACE			B2	Street Addin	ess (P.O. Box Number is Not Acceptable)		
MIA	AMI FL 33157		1					
			1	63				ŀ
			ŗ	84	City		85 Z	ip Code
11 Pursuant	to the provisions of Soctions 607.050	22 and 607 1508 Elevida Stat	utoe the ab		namad nam			
office or r	egistered agont, or both, in the State	of Horida, Such change was	s authorized	by:	the corporati	oration submits this statement for the purposion's board of directors. I hereby accept the	appointment	as registered
	m familiar with, and accept the oblig-	auoris or, section 607.0505, i	riorida Stati	nes.				
SIGNATURE	Signature, typical or printed races of registered rigin	ent and title diapper white (NC	H Registered	Agen	t signature require	ud when reinstating) DA	IE .	
12.	OFFICERS AN	and the second s	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	P	L DELETE 1.1 TI		LE			☐ Chang	e 🔲 Addition
NAME	TOAL CIV LOOPS TERM		1.2 NA	1.2 NAME				
STREET ADDRESS	7841 SW 183RD TERR			1,3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL DELETE			1.4 CITY - ST - ZIP		<u> </u>	\dag{\dag{\dag{\dag{\dag{\dag{\dag{	
TITLE	•••	APARAM TYPI PAIA			Iγ	MRY TUELEPIS, VI.	Chang	e L Addition
NAME Street adoress	7841 SW 183RD TERR			2.2 NAME 2.3 STREET ADDRESS		tratsu 183 human		
	MIAMI FL			2.4 CITY-ST-ZIP		1941 STELEPIS VI. 1941 ST 193 Remace Mianui Fl 33157		
CITY-ST-ZIP TITLE			3.1 TITI		-202	Las C	☆ Chang	e Addition
NAME	MARY TZELEPIS	·		32 NAME		eurox Trelps S 1841 SW 183 Turr.	/	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	7841 SW 183RD TERR				LODRESS .	ree 1 4 T		
CITY-ST-ZIP	MIAMI FL	ANALO: CI		34. CITY-ST-ZIP		Wall PL 33157		
TITLE		□ DELETE	4.1 1lft				☐ Chang	e Addition
NAME	MARY TZELEPIS		4. 2 NA	ME				
STREET ADDRESS	7841 SW 183RD TERR		4.3 STF	EET A	DDRESS			
CITY-ST-ZIP	MIAMI FL		4.4 CIT	r-ST-	- ZIP			
TITUE		☐ DELETE	5.1 TiTI	.E			☐ Chang	e 🔲 Addition
NAME			5.2 NAM					
STREET ADDRESS					DORESS			
CITY-ST-ZIP				<u>r - S1-</u>	- ZIP		Cho	a Laddition
TITLE		DELETE	6.1 7111				Chang	e 🔲 Addition
STREET ADDRESS			6.2 NAM		DODECC			
CITY-ST-ZIP		6.4 CIT		DORESS				
OUT CITAL			■ 0.4 UH	-01-	rant I			1

14. Thereby 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 enter an 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 trusted 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 intachment with an address.

FILED

May 11 1998 8:00am

Secretary of State