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

CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000046465 (9)

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Principal Place of Business Mailing Address							#### #### ##### ######################
· ·			PO BOX 530582				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			MIAMI SHORES FL 33	3153			W0.004.05
us			US	US		DO NOT WRITE IN THIS SPACE	
						3. Date incorporated or Qualified	
2.	Principal P	lace of Business	2a. Mailing Address			06/25/1993 4. FEI Number	Applied For
21			⊢ ,	26		65-0543958	Not Applicable
==	Suite, Apt.			Suite, Apt. #, etc.			\$8.75 Additional
22			27	27		5. Certificate of Status Desired	Fee Required
	City & State	·				6. Election Campaign Financing	\$5.00 May Be
23			28			Trust Fund Contribution	Added to Fees
	Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the	—
24		25 29 30 30 9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
_	מתר	<u> </u>	or current registered Agent	8	1 Name	IV. Hallo and Address of New Hogister	N Agent
TIRELLA, ALFRED J 12920 NE 8TH AVE.							
NORTH MIAMI FL 33161				8	Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	,,,,,			Ε	3		
				-	4 City		Teel 7: Oads
					4 City	F	85 Zip Code
	agent. Lai GNATURE	m familiar with, and acception of some state of the source	ot the obligations of, Section 607.0505,	Florida Statu IOTE Registered /	es.	ration's board of directors. I hereby accept the a	<u></u>
12		OFFICERS AND DIRECTORS 13. VSPT DELETE 1.11				ADDITIONS/CHANGES TO OFFICERS A	
TITI NAV	-			1.1 TITL			Change Addition
	REET ADDRESS 1228 N.E. 98TH STREET		PEET	1.2 NAM	ET ADDRESS		
	Y-ST-ZIP	MIAMI SHORES FL	LL!	1.4 CITY			
TITL		DELE		2.1 TITU			Change Addition
NAI	1			2.2 NAM	1		
STR	EET ADDRESS			2.3 STRE	E1 ADDRESS		
CIT	Y-ST-ZIP			2. 4 CIT	'-S1-ZIP		
TITE	.E		DELETE	3.1 TITLI			☐ Change ☐ Addition
NA	AE -			3.2 NAM	E		
STR	EET ADDRESS			3.3 STRE	ET ADDRESS		
~~~~	Y-ST-ZIP				-ST-ZIP		
TITL			DELETÉ	4.1 TITLE			Change Addition
NAA				4. 2 NAN			
	EET ADDRESS				ET ADDRESS		
CITY	r-ST-ZIP		DELETE	4.4 City 5.1 Title			☐ Change ☐ Addition
NAA	J		الله المداد	5.1 MAM			C Amange C Modulion
	EET ADORESS				ET ADDRESS		
	r-ST-ZIP			5.4 CITY			
TITL			DELETE	6,1 7(1),6			☐ Change ☐ Addition
NAN			_	6.2 NAM			

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 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 attachment with an artifess.

6.3 STREET ADDRESS

**FILED** 

Feb 13 1998 8:00am

Secretary of State