## 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 #** P93000059092 (5)

1. Corporat		ODATION		_ (~)				1		
STAG	E II CORE	PORATION								# 18118 (CB) 1881
}										, [4],
Principal Place of Business Mailing Address								- 1 (00) (00) 410 (0) (0) (1) (4) (0) (1)	140 BB101 B1010 10140 BB110	) <b>18118</b> [[8] <b>188</b> ]
8532 SW 10	O7 AVE		8532 SW 10	7 AVE						
#2-C #2-C								DO NOT WRITE IN THIS SPACE		
MIAMI FL 33173 MIAMI FL 33173								3. Date Incorporated or Qualified		
								08/24/1993		
2. Principal	Place of Busi	ness	2a. Mailing A	2a. Mailing Address				4. FEI Number		Applied For
21	<del></del>		26				65-0436810		Not Applicable	
Suite, Ap	it. #, #1C.		<b>—</b>	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Regulred	
City & Sta	ate			City & State			6. Election Campaign Financing \$5.00 May Be			
23			28	28				Trust Fund Contribution Added to Fees		
Zip	Zip Country		Zip		Country			8. This corporation owes or has paid the current year Intangible		
24	<del></del>	25	29	30	<u></u>			Personal Property Tax due June		LJ No
			Current Registered Age	nt	81	Nam	Θ	10. Name and Address of New Reg	Jistered Agent	
I -	REBSTOCK, ANA M 8532 SW 107 AVE									
	332 SW 10. 12-C	AVE			82	Stree	treet Address (P.O. Box Number is Not Acceptable)			
	MIAMI FL 33173									
* "	2 00	•			84	City			<b>■■ 85</b> Zi	ip Code
					1 1	1			FL   **	
11. Pursuan	nt to the provi	sions of Sections 6 gent, or both, in th	607.0502 and 607.1508, Fi e State of Horida, Such of	lorida Statutes, t hange was auth	the above orized by	e-name the co	ed corpo propratio	oration submits this statement for the pion's board of directors. I hereby accep	urpose of changing it the appointment :	g its registered as registered
agent. I	am familiar w	ith, and accept the	e obligations of, Section 6	07.0505, Florida	a Statutes	3.		, .	•••	•
SIGNATURE	Signature type	d or printed name of true	dered agont and title if applicable	(NOTE: Re-	aistored Age	of signat	ure require	d when reinstating)	DATE	
12.			RS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	PVST			DELETE	1.1 TITLE				☐ Change	e 🔲 Addition
NAME		OCK, ANA M	•			1.2 NAME				
1	STREET ADDRESS   <b>8532 SW 107 AVE #2-C</b> DITY-S1-ZIP   <b>MIAMI FL 33173</b>					1.3 STREET ADDRESS				
CITY-ST-ZIP	D	FL 331/3		DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP			Change	e Addition
NAME	, -	OCK, ANA M	<b>L</b>	BEELIE	22 NAME		1		المرابع المرابع	,,
STREET ADDRESS		W 107 AVE #2-	С		2.3 STREET	ADDRESS	3			
CITY-ST-ZIP	1	FL 33173			2. 4 CITY-S	ST - ZIP				
TITLE				DELETE	3.1 TITLE			•	☐ Change	e Addition
NAME					3.2 NAME					,
STREET ADDRESS	\$ <b>[</b>				3.3 STREET		} [			
CITY-S1-ZIP	ļ			DELETE	3.4. DITY-S	ST-ZIP			Change	e Addition
TITLE NAME			L.	DELETE	4. 2 NAME				□ Cuange	5 LJ ADOMON
STREET ADDRESS					4.3 STREET	ADDRESS				
CITY-ST-ZIP	Ί				4.4 CITY-S					
TITLE	1	<del></del>		DELETE	5.1 TITLE	<del></del>	1	80000248	5 Lighango	e Addition
NAME	NAME			5.2		5.2 NAME		-04/14/9801013032		
STREET ADDRESS	s				5.3 STREET	ADDRESS	3	***150.00		
CITY-ST-ZIP	ļ			DC) STE	5.4 CITY-S	T-ZIP				
TITLE	1		L	DELETÉ	6.1 TITLE				Change	
NAME					6.2 NAME	100000				fE 3
STREET ADDRESS	i I				6.3 STREET	ADDRESS	i 1			

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 turther 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 changed, or on an attachment with an address.

CITY-ST-ZIP

**FILED** 

Apr 13 1998 8:00am

Secretary of State